

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

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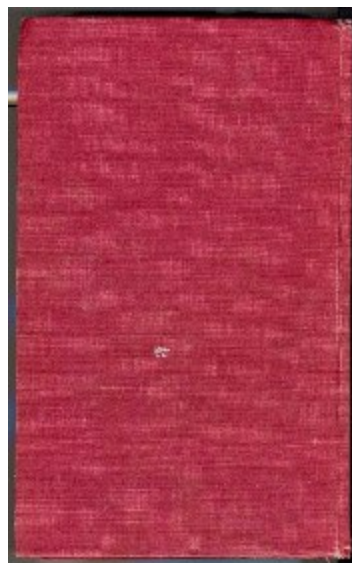
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**MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY**

*Medical Units of 2 NZEF in Middle East and Italy*

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

[FRONTISPIECE]

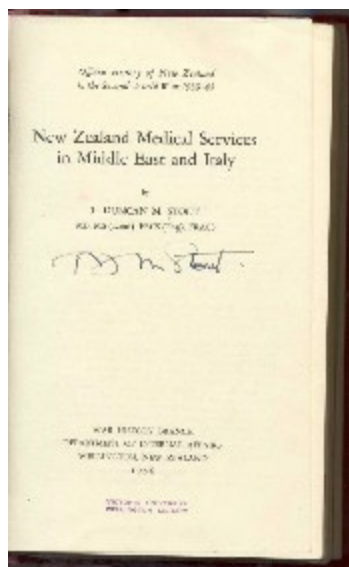


*New Zealand and Indian casualties from El Mreir at  
4 Field Ambulance*

***New Zealand and Indian casualties from El Mreir at 4 Field Ambulance***

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

[TITLE PAGE]



**Medical Units of 2 NZEF in Middle East and Italy**

**J. B. MCKINNEY**

**WAR HISTORY BRANCH**

**DEPARTMENT OF INTERNAL AFFAIRS WELLINGTON, NEW ZEALAND**

**1952 SET UP, PRINTED AND BOUND IN NEW ZEALAND**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## FOREWORD

### *FOREWORD*

**THIS HISTORY of the medical units of 2 NZEF has been written as a record of the work done and the life led by the men and women of the Medical Corps from 1939 to 1945. As a history of the units it must be distinguished from the official medical history of New Zealand in the Second World War. Its scope does not extend, for instance, to questions of medical administration or professional problems. The book does, however, give an authentic account of the medical units, a description of the countries in which they served, and conveys something of the nature and importance of their duties. The work of the regimental medical officers has in the main been left to the histories of the combatant units with which they served.**

**The field medical units—the field ambulances, hygiene company, surgical and transfusion units, and casualty clearing station—shared the life of 2 NZ Division. They accompanied the Division for thousands of miles, providing a continuous medical service. They ranged from Olympus to the Peloponnese in Greece, plodded the rugged hills of Crete, stood with Britain in her finest hour, lined the border of Turkey, roamed the deserts of North Africa until they reached Tunisia. In Italy they set up their dressing stations from Taranto to Trieste, not always under canvas then, but protected in buildings from the winter rain and snow and mud.**

**The hospitals and convalescent depot did not move so often, but these Base units were sited at different times in Egypt, England, Greece, Palestine, Syria, the Western Desert, Tripolitania, and Italy. The hospital ships linked them with New Zealand. The chain of medical services stretched across the world.**

**Changed climatic conditions and endemic diseases foreign to New**

**Zealanders were encountered in the different countries. The care of the wounded called for extreme efforts when the Division was fighting, and accidental injuries and inevitable sickness kept the Medical Corps constantly at work, always with enthusiasm and initiative. A happy association was built up with other medical units of the Allied Forces.**

**The members of the units worked in an atmosphere of harmony and felt joy, satisfaction, and pride in their service. They knew they had the respect and confidence of the 2 NZEF as a whole, and this was especially shown in the constant support and intense interest of the GOC, General Freyberg. The warm humanity of our units was accentuated by the presence of our capable and tireless sisters and nurses. The war knit together the members of our Corps in a comradeship which will be treasured for life, hallowed as it is by the memory of those who died on active service. May the same spirit be continued during peace, and may the Corps maintain and increase its efficiency to be ready to serve New Zealand in any future war.**

**T. D. M. STOUT**

**CBE, DSO, ED**

**Medical Editor,  
New Zealand War Histories**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## PREFACE

### *PREFACE*

**THE doings of several thousand men and women and a score of units over a period of six years in a number of countries cannot easily be amalgamated in one book; consequently the story is not as smooth as one would wish, and restrictions of space have meant that some detail and colour have had to be omitted. It was originally intended that units would have their own individual histories; then it was decided to combine them in two volumes, and finally these two volumes were condensed into one. Therefore the book has been largely selection and synthesis rather than creative writing page by page.**

**Grateful acknowledgment is made to those who wrote preliminary narratives of some of the units—among them Sister J. K. [*sic: V. O*] Tyler (now Mrs. Morten) [*sic: delete*], A. T. Green, A. Ashley-Jones, R. W. Cawthorn, H. T. George, and H. Brennan; to those who contributed eyewitness accounts and photographs; and to those who helped in the correction of the manuscript or in any other way.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

# CHAPTER 1 – BIRTH OF THE MEDICAL UNITS – 1939-40

## **CHAPTER 1**

### **BIRTH OF THE MEDICAL UNITS**

**1939-40**

**TO camp they came—men from all walks of life and women from the hospitals. They did not come to carry arms, but to be trained to relieve suffering and to save the lives of their comrades who would be wounded and maimed by the missiles of the war which was just beginning. They knew they would have the sick to nurse back to health, and that some would have to educate the troops to keep themselves fit and free from disease.**

**They were to come to be known by all, and best known to those for whom they were to do the most. Although their main task was the care of individuals, their presence helped to build up morale and their ministrations to conserve the Division's manpower in the field.**

**They had their share to give in the common cause. Little did they know that, along with other Allied medical units, they would be commended by Lord Montgomery in **Berlin** in 1945 as ‘those whose contribution to victory has been beyond all calculation’.**

**When they joined the Army they did not doubt that they would be victorious, but they could not know how long-delayed victory would be—six years, each longer than the last, filled with strangeness and travel, adversity and monotony, joy and success, but throughout which they were to feel a constant sense of satisfaction in their work for their fellows.**

**The New Zealand Medical Corps' contribution to victory began in the mobilisation camps in September 1939. It was then that the first of the medical units went into camp at **Burnham**—parts of 4 Field Ambulance and 4 Field Hygiene Section. After them there came into being in **Burnham** 5 and 6 Field Ambulances, and in **Trentham** 1, 2, and 3 General Hospitals and 1 **Convalescent Depot**. In **Trentham**, too, all the medical units' reinforcements were trained. Other units, such as the**



**Casualty Clearing Station, were formed overseas.**

**The Corps was a mixture of men of many ages and occupations, some with military experience, the large majority with none. There were some, mainly the senior medical officers, who had seen service in the First World War; a few had served in the **Middle East** in Egypt, **Palestine**, **Salonika**, and on **Gallipoli**.**

**There were many, especially in the First Echelon, who had had long and recent Territorial experience. The medical officers, nursing sisters, dispensers, and some others brought with them professional training for the work they were to do. Plumbers, electricians, and mechanics provided other useful skills, and trained and educated men filled positions as clerks, storemen, and orderlies. The medical units required a great variety of trained personnel to enable them to give full medical service under varying conditions, especially when few of the accepted civilian amenities and no adequate buildings were available. All had to adjust themselves to Army life in all its facets and to the most diverse surroundings and circumstances.**

**The choice of personnel—officers, sisters, and men—was therefore of the utmost importance, and it can be said that in that respect the New Zealand Medical Corps was singularly fortunate.**

## ***Camp Life***

**Newly-arrived recruits were always an odd-looking group in a military camp. Their civilian clothes and habits seemed out of place, but attired in uniform and accustomed to camp life they began to look more like soldiers.**

**The transition stage from civilian comfort, independence, and privacy to communal Army life, with its roughness and rigid discipline, was a painful process. All members of the Corps, however, soon recovered from the first shock and acquired a notable adaptability during their war service. Eating, sleeping, and drilling together, the men**

**became comrades and developed a unit spirit which was to inspire them to unselfish and sustained work during the long war.**

**Queueing was to become an Army habit. Recruits were usually initiated into it in their first few days in camp, when they were shepherded along and halted under a large notice 'Camp QM'. Diffidently they passed through the store to collect, in a cavernous kitbag, socks, shirts, vests, underpants, towels, palliasse, boots a keen hiker might be proud of, mugs, plates, cutlery that dropped in with a crash, blankets and groundsheet, denim jacket and trousers, and then, rather more acceptably, battle-dress tunic, trousers, and greatcoat. The clothes that did not fit at first became presentable after a gradual process of exchange. And when they had broken in their heavy boots the new recruits felt happier.**

## *Training*

**Then there were the first parades. To begin with, all had their own ideas about drill and how it should be done, but gradually the newcomers were convinced that there was only one way—the Army way. Morning after morning they attended company parades, standing in more or less straight lines while the sergeant-major explained patiently that 'the markers only move'. Sometimes there were thorough inspections by the Officer Commanding or by Company Commanders, and then woe betide the sluggard who had lain in bed instead of getting up promptly and polishing his buttons and brass—a natural temptation when units were in camp over the winter. As a rule, when company parades were over there was quick marching or 'running on the spot' until all were warm again.**

**Split into various sections they learnt the elements of 'One-stop-two', how to bind up the wounded and tend the sick, how to carry a stretcher or purify water. There were also fatigues in the cookhouses and messrooms.**

**Lectures opened up a vast world of learning wherein all were**

introduced to the parts of the human body, how they work, and how to keep them in good working order. Some took shifts at the camp hospital and there were taught by nursing sisters who had joined the **NZANS**, and who were to wear the grey and scarlet uniform overseas with pride, as their sisters of **1 NZEF** had done 25 years before. The men were able to put theory into practice, to learn how to give hypodermic injections by sticking needles into oranges, how to sponge patients, to make beds, and generally to minister to the comfort of the sick.

Route marches were a welcome diversion. On the marches the men felt they were 'getting somewhere' (although when those at **Trentham** passed 'Quinn's Post' some thought they were going too far). It was a release from the monotony of squad drill, and even marching in the rain seemed good fun. Bagpipes sometimes provided the marching tune, but more often the men would sing well-known songs although not perhaps from a classical repertoire.

In Burnham, training in all departments of field ambulance duties was carried out. After men had learned how to tie a reef knot, to apply bandages, to carry stretchers, to understand something about the anatomy of the human body and to drill efficiently, they graduated to field exercises of wider scope to gain some idea of possible battle conditions. Field days were held—near Springfield and Motukarara—during which schemes for the evacuation of battle casualties were carried out. Improvised shelters, dug in and sandbagged to a height of four feet, were prepared for the wounded.

All gained a sound knowledge of the method of evacuation of casualties, and of the work of stretcher-bearers and clerical and nursing staffs at advanced and main dressing stations. Much time was also given to training in field cookery and hygiene.

When the men of the hospital units at **Trentham** were ready for advanced work, it was decided to carry out exercises as a field ambulance attached to an infantry brigade. These exercises were carried out at Mangaroa Valley and in the Pahautanui-Judgeford area. For

actual hospital work, a very useful exercise was performed by **2 General Hospital** close to Haywards railway station. Here a small tented general hospital was established. All departments of a military hospital were set up—administration, reception, medical and surgical wards. A railway carriage, representing an ambulance train, was lent by the Railways Department. ‘Patients’ were admitted and despatched to their appropriate wards, the staff performing their duties as they would in actual warfare. The men spent the night in tents and next day practised the evacuation of casualties.

When **2 General Hospital** was in camp at **Trentham** it had its own separate quarters, kitchen, messrooms, and quartermaster stores, which enabled a proportion of the men to become accustomed to handling equipment and feeding troops. At the Wellington Public Hospital a number were trained in the duties of nursing orderlies.

## *Leave*

Friday was the great day of the week. It was pay day, and after pay came leave. The crowds on the **Burnham** and **Trentham** platforms would decry the belated arrival of the train to take them to **Christchurch** or **Wellington**. On the return journey there would be sleepy figures, sprawling figures, not-so-steady figures, rowdy figures, before all bundled out into the cold black night for the nightmare walk from the train to the camp, trying to avoid the mud and puddles, to find their huts and get to bed.

As the period of training ended and the time for departure overseas drew near, final leave was granted. It was a period of seclusion from the unit and the Army and was all too short, though the sad business of family farewells could not be unduly prolonged. Then came farewell parades through the cities of **Wellington** and **Christchurch**, followed, a few days later, by the moves to the ports of embarkation. As the men marched to the troopships the crowds cheered and bands played. On board, after the troops had been conducted to their quarters, they swarmed over the deck to every vantage point to watch for friends and

relatives in the crowd on the wharf below. Everybody shouted and sang and gave voice to the excitement common to all. Then the cable was slipped. The ship moved away from the wharf. It was a stirring moment when feelings could not be expressed in words. On the land were loved ones; over the horizon lay great adventures.

#### *4 Field Ambulance*

Pioneers of 2 NZEF Medical Services in the First Echelon were 4 Field Ambulance, 4 Field Hygiene Section, 18 nursing sisters, and a regimental medical officer for each combatant unit.

The advanced party of 4 Field Ambulance and 4 Field Hygiene Section arrived in **Burnham** military camp on 26 and 27 September 1939. The stony fields behind the bluegums on the **Canterbury** plains were in a rough state at this time. Huts were being built, and roads and areas for parade grounds were being formed and graded. This primitive untidiness, combined with a spell of wet weather, made the camp appear somewhat dismal to the first arrivals.

The officers and NCOs reporting for service in 4 Field Ambulance were mainly from 1, 2, and 3 Field Ambulances of the volunteer Territorial Force, in which the majority had seen several years' continuous service. The officer appointed to command the unit was **Lt-Col J. H. Will**.<sup>1</sup> Five of the other officers—Majors A. A. **Tennent**<sup>2</sup> and P. V. **Graves**,<sup>3</sup> Captains J. P. **McQuilkin**,<sup>4</sup> R. A. **Elliott**<sup>5</sup> and J. K. **Elliott**<sup>6</sup>—were later to have command of a field ambulance, and one (R. A. Elliott) was to become ADMS of 2 NZ Division in **Italy**. Sergeant-Major C. H. **Kidman**,<sup>7</sup> of the Permanent Staff, acted as instructor, as he did for all the medical units formed in New Zealand and their reinforcements.

For the first week officers and NCOs went through a refresher course at the Southern District School of Instruction. The highlight of this course was the march past at the end of the day's work, the salute being taken by the School Commandant.

The main body of the unit began to arrive in camp on 4 October 1939, the men being accommodated in tents because of the shortage of huts. Included in the main party were men of 4 Field Hygiene Section, who were later placed under the command of Capt B. T. Wyn Irwin,<sup>8</sup> and men posted as drivers; these were later transferred to NZASC and attached to the unit. An influenza epidemic in November interfered with training, claiming half the unit as victims, but the enthusiasm was such that the unit made good progress.

Fourteen days' final leave was granted in the second half of December, all the men being enabled to spend Christmas with their families before returning to camp. On 3 January 1940 the medical contingent marched in the farewell parade through Christchurch, and two days later embarked on HMT *Dunera* at Lyttelton. The strength of 4 Field Ambulance, including dental and ASC personnel, was 14 officers and 230 other ranks, and of 4 Field Hygiene Section one officer and 28 other ranks.

## *1 General Hospital*

The First Echelon had left New Zealand only a few days when the military camps began to fill up again with volunteers for the Second Echelon. It had been decided that a military general hospital should now be formed, a primary object being the complete treatment of New Zealand sick and wounded by their own kith and kin. Thus 1 NZ General Hospital came to be formed; its first members began to assemble at Trentham on 12 January 1940, under the command of Col A. C. McKillop.<sup>9</sup>

These men were the nucleus of the NCOs of the unit. A few had had some Territorial training but most were new to Army life. They had much to learn, but a limited period of five days only was available before the main body of the unit began to assemble. This placed the NCOs and the unit under a handicap at the start—they lacked military knowledge and had but a smattering of the duties which they would have to

perform. Yet, to the credit of all concerned, these difficulties were surmounted.

The hospital staff were quartered for a time in tents but were later allotted new huts close to the new camp post office. For messing they were attached to an infantry training battalion, and this arrangement meant that much valuable experience in the supply and feeding of troops was denied to the quartermaster's branch. As many men as possible were employed at the camp hospital as nursing orderlies, and there they were given lectures by sisters of the **NZANS**.

By the time of their final leave the original assortment of men and officers had become an efficient unit. The keenness shown by all ranks had assisted greatly in attaining this. The staff of the hospital contained many senior medical men and some with long service in **1 NZEF**. Three became Consultants—Lt- **Col T. D. M. Stout** <sup>10</sup> was later Consultant Surgeon **2 NZEF**, Lt- **Col J. R. Boyd**, <sup>11</sup> Consultant Physician **2 NZEF**, and Capt **E. G. Sayers**, <sup>12</sup> Consultant Physician **2 NZEF IP**. Capt **R. D. King** <sup>13</sup> became CO of a field ambulance and Assistant Director of Medical Services, **2 NZ Division**. Maj **H. K. Christie** <sup>14</sup> and Capt **D. G. Radcliffe** <sup>15</sup> became COs of general hospitals, and Maj **L. J. Hunter** <sup>16</sup> became CO **1 NZ CCS**.

Final leave was all too short, but on the other hand everyone was itching to see service overseas, expecting that they would soon join their companions of the First Echelon in the **Middle East**. When the unit entrained for embarkation on the evening of 1 May 1940, little did they guess that they would follow such a round-about route to the **Middle East** or know what a wealth of experience they would gain in the meantime. The strength of the unit was 21 officers, 37 sisters, and 145 other ranks.

### *Convalescent Depot*

The Convalescent Depot assembled at **Trentham** with the Second Echelon under the command of **Col F. M. Spencer**, <sup>17</sup> whose enthusiasm soon made it a smart military unit, recognised as the best drilled unit in

**Trentham.** It was a pleasure to see it on the parade ground. A full programme of lectures and training was carried out by the five officers and 49 other ranks in the unit. Col Spencer was promoted to command 2 NZ General Hospital, and the command of the Depot was handed over to Lt-Col. N. F. Boag <sup>18</sup> before the Second Echelon embarked.

## *5 Field Ambulance*

Another medical unit came into being to take 4 Field Ambulance's place in **Burnham Camp**. Its commanding officer was Lt- **Col H. S. Kenrick**, <sup>19</sup> and its officers and NCOs underwent a training course between 8 December 1939 and 6 January 1940. The CO was later to become ADMS 2 NZ Division and afterwards DMS **2 NZEF**. The second-in-command (Maj J. M. **Thwigg** <sup>20</sup>) was later CO of the ambulance and DDMS 2 NZEF IP. Another officer (Capt F. P. **Furkert** <sup>21</sup>) became CO of a field ambulance and ADMS 2 NZ Division.

Volunteers to make up the body of 5 Field Ambulance began to arrive in camp on 10 January 1940. Most of them were new to medical work as well as to Army life. During their period of training route marches were also undertaken, the distances ranging from four to 22 miles.

Final leave was granted late in March—fourteen glorious days—and then the unit came back to camp to be told that, because of shortage of shipping, another month's training would be done. In the last week of April the Second Echelon units at **Burnham** marched in a farewell parade in **Christchurch**—down High Street to Cranmer Square, where the salute was taken, then over the Bridge of Remembrance to the King Edward Barracks, where the parade was dismissed. The unit (244 strong) left **Burnham** for **Lyttelton** on 30 April and embarked that evening on the ferry for **Wellington** for departure overseas with the Second Echelon.

## *2 General Hospital*

The staff of 2 NZ General Hospital assembled in **Trentham Camp** on 17 May 1940. Some of the officers and prospective NCOs had entered



camp a month earlier.

Most of the unit will remember the prize known as ‘the cup’ (sometimes qualified with an adjective). Nearly all the activities counted for points in the cup competition—drill, fatigues, lectures, work on field days. Beautiful thresholds appeared in front of the huts, fancifully ornamented and bordered with whitewashed stones. Dust was ejected from obscure corners of the huts, and hut orderlies, who swept and garnished their domains both inside and out, jealously guarded their work against the encroachment of muddy boots and untidy inmates.

On the theatrical side there was activity, too. A party from the unit staged a concert in a packed camp theatre. An unusually varied programme was presented—sketches, a choir, recitations, piano-accordion, tap dance, and last but by no means least, ballet ‘girls’ with the inimitable Wally Pricor as leading lady.

In charge of the unit was Colonel Spencer, a forceful and vigorous personality and an able administrator, who was later to die of sickness in North Africa. One of his officers (Lt-Col P. A. [Ardagh](#)<sup>22</sup>) became DDMS 30 Corps and was in the [United Kingdom](#) preparing the medical plan for the Second Front when he died. Two others, Lt- [Col D. Pottinger](#)<sup>23</sup> and Capt J. E. [Caughey](#)<sup>24</sup> became COs of general hospitals, and one (Maj A. L. de B. [Noakes](#)<sup>25</sup>) CO of the Convalescent Depot.

On 27 August the unit marched from the train in [Wellington](#) to embark on the [Mauretania](#) for the [Middle East](#). Its embarkation strength was 18 officers, 39 sisters, and 148 other ranks.

## [6 Field Ambulance](#)

Early in February 1940 25 men arrived in [Burnham](#) to form the nucleus of 6 Field Ambulance. They were soon in training to become NCOs of the unit. A month later the commanding officer, Lt-Col [W. H. B. Bull](#),<sup>26</sup> with eight other officers, arrived at the School to complete their course of training before the main body was drafted into camp.

On 14 May the unit came into being as a third field ambulance for the New Zealand Division overseas. Though the training was hard and much of it dull at first, the new life was not without compensations. Training as a separate body, the unit had its own block of huts, ablution benches, parade ground, square, and orderly-room offices. Leave at the weekends was generous, and within the camp were several huts and canteens where the men could find occupation for spare time in games, reading, or writing. Frequently there was a cinema show in the camp and concert parties also entertained the troops.

After a few weeks the unit was ready to go into the field and set up dressing stations under varying conditions. Combined exercises were frequently held with the infantry. In the construction of a large underground dressing station just behind the training school, officers and men wielded picks and shovels with a will; it was dug in trenched sections some 120 yards long and its construction was at times as much a picnic as an exercise. With these exercises came some sense of realisation of what lay ahead, and the unit developed and matured until, when it came to final leave in mid-August, a spirit of unity and goodwill existed.

### *3 General Hospital*

After a false start, the formation of a third general hospital remained tucked away in the back of the minds of the military administrators until 11 October 1940, when instructions went out to the Districts to proceed with its mobilisation. Each District was required to provide a certain quota of orderlies, storemen, dispensers, clerks, and specialists. The Commanding Officer, **Col G. W. Gower**,<sup>27</sup> and the Registrar, **Maj J. Russell**,<sup>28</sup> arrived in **Trentham Mobilisation Camp** on the evening of 27 October, right in the middle of a trial air-raid alarm—a forerunner of the trials and unexpected events to be faced in the days to come. During the following three days the remaining members of the unit entered camp. On its strength were 14 officers, 48 sisters, and 143 other ranks.

At first personnel of 3 General Hospital were quartered in the main part of the camp, but later they moved to the racecourse and utilised the tea kiosk and the upper part of a grandstand as billets. On 16 November the unit was inspected by the Director-General of Medical Services, Brigadier F. T. Bowerbank,<sup>29</sup> and sufficient proficiency in marching had been attained by this time to evoke praise.

Two days later members of the unit left on final leave. On 30 November, leave completed, it was learned with mixed feelings that departure had been delayed. A 'farewell' parade of all 4th Reinforcements through the streets of **Wellington** took place on 14 December. Despite this official leave-taking, training continued until 23 December, when the unit departed on special Christmas and New Year leave. This unexpected visit to families during the festive season was welcome, but the strain of saying farewells again was trying to most.

On return to **Trentham** in the New Year, the unit was moved from the racecourse to tents in the western area of the camp, a move necessitated by the holding of a race meeting. The accommodation provided proved far from satisfactory; tents of 1916 vintage were incapable of turning even a light shower and were quite inadequate for the torrential downpours experienced on several nights.

At dawn on 1 February 1941 the staff of the hospital rose to prepare for embarkation. Everything moved smoothly, and 3 NZ General Hospital left **Trentham** as part of 3rd Section, 4th Reinforcements. It was a clear and sunny day and, with the band playing, Col Gower marched at the head of his men to the railway station, where the troops entrained for Pipitea Wharf. The vessel that was to carry them to the **Middle East** was the *Nieuw Amsterdam*, 38,000 tons, the most modern of the **Holland-America Line**.

As the troops went aboard, they quickly deposited their kits in the quarters allotted to them and returned to the decks. As soon as all were embarked the crowds were permitted to move on to the wharf, and an address was given by the Prime Minister, the Hon. P. Fraser. Then, in

the early afternoon, amid the cheers of friends gathered on shore, the ship pulled out and the long voyage began.

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<sup>1</sup> **Lt-Col J. H. Will**, ED; born **Scotland**, 1 Feb 1883; Medical Practitioner, **Auckland**; CO 4 Fd Amb Oct 1939-Sep 1940; SMO Ngaruawahia Camp Sep 1941-Jan 1943.

<sup>2</sup> **Col A. A. Tennent**, m.i.d.; born **Timaru**, 4 Sep 1899; Medical Practitioner, **Wellington**; 2 i/c 4 Fd Amb Sep 1939-Mar 1940; DADMS 2 NZEF Mar-Dec 1940; CO 1 Conv Depot Dec 1940-Oct 1941; CO 4 Fd Amb Oct-Dec 1941; prisoner of war Dec 1941-Apr 1942; ADMS 4 Div (NZ) Aug-Oct 1942; CO 4 Gen Hosp 2 NZEF (IP) Oct 1942-Nov 1943; SMO Sick and Wounded (NZ) Dec 1943-1944; ADMS Central Military District 1944.

<sup>3</sup> **Col P. V. Graves**, ED; born **Hawera**, 1 Apr 1896; Medical Practitioner, **Waverley**; medical orderly NZ Hospital Ship *Maheno*, 1917-19; RMO 2 Div Cav Sep 1939-Sep 1940; CO 4 Fd Amb Sep 1940-Aug 1941; ADMS 1 Div (NZ) Jun-Sep 1942; ADMS Central Military District Sep 1942-Aug 1944.

<sup>4</sup> **Lt-Col J. P. McQuilkin**; born **Ashburton**, 18 Jul 1900; Medical Practitioner, **Christchurch**; Medical Officer 4 Fd Amb Oct 1940-Jan 1942; CO 5 Fd Amb Jan 1942-Dec 1943.

<sup>5</sup> **Col R. A. Elliott**, OBE, ED, m.i.d.; born **Wellington**, 8 Apr 1910; Surgeon, **Wellington**; Surgeon 4 Fd Amb, 1 and 2 Gen Hosps, Oct 1939-1942; DADMS 2 NZ Div Feb-Jul 1943; CO 5 Fd Amb Dec 1943-Jul 1944; ADMS 2 NZ Div Dec 1944-Oct 1945.

<sup>6</sup> **Lt-Col J. K. Elliott**, OBE; born **Wellington**, 24 Aug 1908; Surgeon, **Wellington**; RMO 18 Bn Sep 1939-Dec 1940; DADMS 2 NZ Div Dec 1940-Nov 1941; Surgeon 1 Gen Hosp Nov 1941-Jun 1943; CO 4 Fd Amb Jun 1943-Apr 1944; Orthopaedic Consultant (NZ) Jun 1944-Mar 1945.

<sup>7</sup> **Maj C. H. Kidman**, MBE, MM & bar \*; born **Wellington** 28 Mar

1888; Instructor, Permanent Staff, **Wellington**; **1 NZEF** 1914-19, NCO 2 Fd Amb, Egypt, **Gallipoli, France**; Instructor to NZMC in NZ, Sep 1939-Sep 1942; OC Medical Training Depot, **Trentham**, Sep 1942-Sep 1944; SO and QM Army HQ, **Wellington**, Sep 1944-Jan 1947.

\* \* **First World War.**

<sup>8</sup> **Maj B. T. Wyn Irwin**, m.i.d.; born **Christchurch**, 12 Oct 1905; Medical Officer of Health, **Wellington**; OC 4 Fd Hyg Sec Oct 1939-Sep 1941; OC Maadi Camp Hyg Sec Sep-Dec 1941; died (in NZ) 12 Mar 1942.

<sup>9</sup> **Col A. C. McKillop**, m.i.d.; born **Scotland**, 9 Mar 1885; Superintendent, Sunnyside Hospital, **Christchurch**; **1 NZEF**—Medical Officer, **Samoa**, Egypt, **Gallipoli**, 1914-16; CO 1 Gen Hosp Feb 1940-May 1941; ADMS 3 Div ( **Fiji**) Aug 1941-Jul 1942; ADMS 1 Div (NZ) Aug 1942-Mar 1943.

<sup>10</sup> **Col T. D. M. Stout**, CBE, DSO, \* ED, m.i.d. (2); born **Wellington**, 25 Jul 1885; Surgeon, **Wellington**; **1 NZEF** 1914-19; **Samca**, Egypt, **Salonika, France**; OC NZ Surgical Team, **France**; in charge surgical division 1 Gen Hosp, England, Aug 1917-Aug 1919; Consultant Surgeon **Trentham Military Hospital**, 1919-20; in charge surgical division 1 Gen Hosp, May 1940-Aug 1941; Consultant Surgeon **2 NZEF** Feb 1941-Sep 1945.

\* **First World War.**

<sup>11</sup> **Col J. R. Boyd**, CBE, MC, \* m.i.d.; born **Scotland**, 6 Sep 1886; Physician, **Wellington**; **1 NZEF** 1917-18, Medical Officer NZ Mounted Fd Amb, **Palestine**; in charge medical division 1 Gen Hosp, May 1940-Aug 1941; Consultant Physician **2 NZEF** Feb 1941-Feb 1945.

\* **First World War.**

**12 Col E. G. Sayers**, Legion of Merit (US); born **Christchurch**, 10 Sep 1902; Physician, **Auckland**; Medical Officer 1 Gen Hosp Mar 1940; in charge medical division 1 Gen Hosp, Aug 1941-Sep 1942; 4 Gen Hosp, Oct 1942-Sep 1943; Consultant Physician **2 NZEF (IP)** Sep-Nov 1943; CO 4 Gen Hosp Nov 1943-Sep 1944.

**13 Brig R. D. King**, CBE, DSO, m.i.d., Greek Medallion for Distinguished Deed; born **Timaru**, 25 Feb 1896; Medical Practitioner, **Timaru**; **1 NZEF** 1918-19, Private NZMC, England and Hospital Ship; Physician 1 Gen Hosp May 1940-Jun 1941; 2 i/c 4 Fd Amb Jun 1941-Jan 1942; CO 4 Fd Amb Jan 1942-Jul 1943; ADMS 2 NZ Div Jul 1943-Nov 1944; DDMS NZ Corps Feb 1944.

**14 Col H. K. Christie**, CBE, ED; born **Invercargill**, 13 Jul 1894; Surgeon, **Wanganui**; Surgeon 1 Gen Hosp Mar 1940-Apr 1941; OC Surgical Team, **Greece and Crete**; in charge surgical division 1 Gen Hosp, Aug 1941-Jun 1943; CO 2 Gen Hosp Jun 1943-Oct 1944.

**15 Col D. G. Radcliffe**, OBE; born Queensland, 14 Jun 1898; Surgeon, **Balclutha**; Surgeon 1 Gen Hosp Mar 1940-Jun 1943; in charge surgical division, Jun 1943-Mar 1944; CO 5 Gen Hosp, Mar 1944-Feb 1945; CO 1 Gen Hosp Feb-Nov 1945.

**16 Lt-Col L. J. Hunter**, OBE, MC, \* m.i.d. (3); born **Sydney**, 14 Jul 1891; Surgeon, **Levin**; Medical Officer AIF 1915-18, wounded Sep 1917; Registrar 1 Gen Hosp Feb 1940-Jun 1941; SMO Maadi Camp, Aug-Sep 1941; in charge surgical division 2 Gen Hosp, Oct 1941-May 1942; CO 1 Mob CCS May 1942-Oct 1943.

\* First World War.

**17 Col F. M. Spencer**, OBE, m.i.d.; born **Rotorua**, 3 Oct 1893; Medical Practitioner, **Wellington**; **1 NZEF**, NCO NZMC 1914, Medical Officer 1918-19, 1 Gen Hosp, 1 Fd Amb, 1 Bn Canterbury Regt; CO 2 Gen Hosp Apr 1940-Jun 1943; died (North Africa) Jun 1943.

**18 Lt-Col N. F. Boag, ED; born Leeston, 13 Aug 1897; Medical Practitioner, Blenheim; CO 1 Conv Depot Apr-Dec 1940.**

**19 Brig H. S. Kenrick, CB, CBE, ED, m.i.d., MC (Greek); born Paeroa, 7 Aug 1898; Consulting Obstetrician, Auckland; 1 NZEF 1916-19, infantry officer, OC A Coy 4 Bn 1918; wounded May 1918; Army of Occupation, Germany; CO 5 Fd Amb Dec 1939-May 1940; acting ADMS 2 NZEF, Egypt, Jun-Sep 1940; ADMS 2 NZ Div Oct 1940-May 1942; DMS 2 NZEF May-Sep 1942 and Apr 1943-May 1945.**

**20 Brig J. M. Twigg, DSO, m.i.d. (2); born Dunedin, 13 Sep 1900; Physician, Wellington; ADMS RNZAF Sep 1939-Feb 1940; 2 i/c 5 Fd Amb Feb-May 1940; CO 5 Fd Amb May 1940-Nov 1941; p.w. Dec 1941; repatriated Apr 1942; ADMS 3 Div Aug 1942-Apr 1943; DDMS 2 NZEF (IP) Apr 1943-Aug 1944; ADMS 2 NZEF ( UK) Oct 1944-Feb 1946.**

**21 Col F. P. Furkert, m.i.d.; born Taihape, 8 Dec 1906; Surgeon, Auckland; Surgeon 4 Fd Amb and 5 Fd Amb, Nov 1939-Mar 1941; OC Mobile Surgical Unit Mar 1941-Jan 1942; CO 6 Fd Amb Jan 1942-Feb 1943; ADMS 2 NZ Div Feb-Jul 1943.**

**22 Brig P. A. Ardagh, CBE, DSO, \* MC, \* m.i.d. (5); born Ngapara, 30 Aug 1891; Surgeon, Christchurch; 1 NZEF 1917-19, Capt 3 Fd Amb; wounded three times; in charge surgical division 2 Gen Hosp, Aug 1940-Oct 1941; CO 1 CCS Nov 1941-May 1942; ADMS 2 NZ Div May 1942-Feb 1943; DDMS 30 Corps Feb 1943-Apr 1944; died (England) 6 Apr 1944.**

\* First World War.

\* First World War.

**23 Col D. Pottinger, MC \*; born Scotland, 20 Sep 1890; Physician, Invercargill; RAMC 1914-18, Medical Officer, France, Salonika, Palestine; wounded 1916; in charge medical division 2 Gen Hosp,**

**Apr 1940-Sep 1941; CO 1 Gen Hosp Sep 1941-Aug 1944.**

**\* First World War.**

**<sup>24</sup> Col J. E. Caughey, m.i.d.; born Auckland, 8 Aug 1904; Physician, Auckland; Physician 2 Gen Hosp May 1940-Feb 1943; neurologist 1 British Neurosurgical Unit Feb-Sep 1943; Physician HS *Maunganui* Nov 1943-Jun 1944; in charge medical division 2 Gen Hosp, Jul 1944-May 1945; CO 3 Gen Hosp May-Oct 1945.**

**<sup>25</sup> Lt-Col A. L. de B. Noakes, ED, m.i.d.; born Waitekauri, 21 Jul 1900; Registrar 2 Gen Hosp Apr 1940-Sep 1941; SMO Maadi Camp Sep-Oct 1941; CO 1 Conv Depot Oct 1941-Sep 1945.**

**<sup>26</sup> Lt-Col W. H. B. Bull, OBE, ED; born Napier, 19 May 1897; Surgeon, Wellington; ADMS Central Military District Sep 1939-Jan 1940; CO 6 Fd Amb Feb 1940-May 1941; ADMS 2 NZ Div (Crete) May 1941; p.w. May 1941; repatriated May 1945.**

**<sup>27</sup> Brig G. W. Gower, CBE, ED, m.i.d.; born Invercargill, 15 Apr 1887; Surgeon, Hamilton; 1 NZEF 1915-19, Medical Officer 133 Br Fd Amb, 1915; 1 Gen Hosp 1916-18; Surgeon Christchurch Military Hospital 1919; CO 3 Gen Hosp Oct 1940-May 1945; DMS 2 NZEF May-Oct 1945.**

**<sup>28</sup> Lt-Col J. Russell, m.i.d.; born Scotland, 28 Oct 1896; Deputy Director-General Mental Hospitals, Wellington; Captain 1st Gordon Highlanders, 1st World War; Registrar 3 Gen Hosp Oct 1940-Aug 1941; DADMS 2 NZEF Aug 1941-Nov 1945.**

**<sup>29</sup> Maj-Gen Sir Fred T. Bowerbank, KBE, ED, m.i.d. (3) \*, Grand Officer Order of Orange-Nassau (Netherlands); born Penrith, England, 30 Apr 1880; Physician, Wellington; 1 NZEF 1915-19, Egypt, England, France—Officer i/c medical division 1 Gen Hosp, England; President, Travelling Medical Board, France; DMS Army and PMO Air 1934-39; Director-General of Medical Services (Army and Air), Army HQ, Sep 1939-Mar 1947.**



\* **First World War.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**TO camp they came—men from all walks of life and women from the hospitals. They did not come to carry arms, but to be trained to relieve suffering and to save the lives of their comrades who would be wounded and maimed by the missiles of the war which was just beginning. They knew they would have the sick to nurse back to health, and that some would have to educate the troops to keep themselves fit and free from disease.**

**They were to come to be known by all, and best known to those for whom they were to do the most. Although their main task was the care of individuals, their presence helped to build up morale and their ministrations to conserve the Division's manpower in the field.**

**They had their share to give in the common cause. Little did they know that, along with other Allied medical units, they would be commended by Lord Montgomery in [Berlin](#) in 1945 as ‘those whose contribution to victory has been beyond all calculation’.**

**When they joined the Army they did not doubt that they would be victorious, but they could not know how long-delayed victory would be—six years, each longer than the last, filled with strangeness and travel, adversity and monotony, joy and success, but throughout which they were to feel a constant sense of satisfaction in their work for their fellows.**

**The New Zealand Medical Corps' contribution to victory began in the mobilisation camps in September 1939. It was then that the first of the medical units went into camp at [Burnham](#)—parts of 4 Field Ambulance and 4 Field Hygiene Section. After them there came into being in [Burnham](#) 5 and 6 Field Ambulances, and in [Trentham](#) 1, 2, and 3 General Hospitals and 1 [Convalescent Depot](#). In Trentham, too, all the medical units' reinforcements were trained. Other units, such as the**

**Casualty Clearing Station, were formed overseas.**

**The Corps was a mixture of men of many ages and occupations, some with military experience, the large majority with none. There were some, mainly the senior medical officers, who had seen service in the First World War; a few had served in the Middle East in Egypt, Palestine, Salonika, and on Gallipoli.**

**There were many, especially in the First Echelon, who had had long and recent Territorial experience. The medical officers, nursing sisters, dispensers, and some others brought with them professional training for the work they were to do. Plumbers, electricians, and mechanics provided other useful skills, and trained and educated men filled positions as clerks, storemen, and orderlies. The medical units required a great variety of trained personnel to enable them to give full medical service under varying conditions, especially when few of the accepted civilian amenities and no adequate buildings were available. All had to adjust themselves to Army life in all its facets and to the most diverse surroundings and circumstances.**

**The choice of personnel—officers, sisters, and men—was therefore of the utmost importance, and it can be said that in that respect the New Zealand Medical Corps was singularly fortunate.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CAMP LIFE

### *Camp Life*

Newly-arrived recruits were always an odd-looking group in a military camp. Their civilian clothes and habits seemed out of place, but attired in uniform and accustomed to camp life they began to look more like soldiers.

The transition stage from civilian comfort, independence, and privacy to communal Army life, with its roughness and rigid discipline, was a painful process. All members of the Corps, however, soon recovered from the first shock and acquired a notable adaptability during their war service. Eating, sleeping, and drilling together, the men became comrades and developed a unit spirit which was to inspire them to unselfish and sustained work during the long war.

Queueing was to become an Army habit. Recruits were usually initiated into it in their first few days in camp, when they were shepherded along and halted under a large notice 'Camp QM'. Diffidently they passed through the store to collect, in a cavernous kitbag, socks, shirts, vests, underpants, towels, palliasse, boots a keen hiker might be proud of, mugs, plates, cutlery that dropped in with a crash, blankets and groundsheet, denim jacket and trousers, and then, rather more acceptably, battle-dress tunic, trousers, and greatcoat. The clothes that did not fit at first became presentable after a gradual process of exchange. And when they had broken in their heavy boots the new recruits felt happier.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## TRAINING

### *Training*

Then there were the first parades. To begin with, all had their own ideas about drill and how it should be done, but gradually the newcomers were convinced that there was only one way—the Army way. Morning after morning they attended company parades, standing in more or less straight lines while the sergeant-major explained patiently that ‘the markers only move’. Sometimes there were thorough inspections by the Officer Commanding or by Company Commanders, and then woe betide the sluggard who had lain in bed instead of getting up promptly and polishing his buttons and brass—a natural temptation when units were in camp over the winter. As a rule, when company parades were over there was quick marching or ‘running on the spot’ until all were warm again.

Split into various sections they learnt the elements of ‘One-stop-two’, how to bind up the wounded and tend the sick, how to carry a stretcher or purify water. There were also fatigues in the cookhouses and messrooms.

Lectures opened up a vast world of learning wherein all were introduced to the parts of the human body, how they work, and how to keep them in good working order. Some took shifts at the camp hospital and there were taught by nursing sisters who had joined the **NZANS**, and who were to wear the grey and scarlet uniform overseas with pride, as their sisters of **1 NZEF** had done 25 years before. The men were able to put theory into practice, to learn how to give hypodermic injections by sticking needles into oranges, how to sponge patients, to make beds, and generally to minister to the comfort of the sick.

Route marches were a welcome diversion. On the marches the men felt they were ‘getting somewhere’ (although when those at **Trentham**

passed 'Quinn's Post' some thought they were going too far). It was a release from the monotony of squad drill, and even marching in the rain seemed good fun. Bagpipes sometimes provided the marching tune, but more often the men would sing well-known songs although not perhaps from a classical repertoire.

In Burnham, training in all departments of field ambulance duties was carried out. After men had learned how to tie a reef knot, to apply bandages, to carry stretchers, to understand something about the anatomy of the human body and to drill efficiently, they graduated to field exercises of wider scope to gain some idea of possible battle conditions. Field days were held—near Springfield and Motukarara—during which schemes for the evacuation of battle casualties were carried out. Improvised shelters, dug in and sandbagged to a height of four feet, were prepared for the wounded.

All gained a sound knowledge of the method of evacuation of casualties, and of the work of stretcher-bearers and clerical and nursing staffs at advanced and main dressing stations. Much time was also given to training in field cookery and hygiene.

When the men of the hospital units at **Trentham** were ready for advanced work, it was decided to carry out exercises as a field ambulance attached to an infantry brigade. These exercises were carried out at Mangaroa Valley and in the Pahautanui-Judgeford area. For actual hospital work, a very useful exercise was performed by **2 General Hospital** close to Haywards railway station. Here a small tented general hospital was established. All departments of a military hospital were set up—administration, reception, medical and surgical wards. A railway carriage, representing an ambulance train, was lent by the Railways Department. 'Patients' were admitted and despatched to their appropriate wards, the staff performing their duties as they would in actual warfare. The men spent the night in tents and next day practised the evacuation of casualties.

When **2 General Hospital** was in camp at **Trentham** it had its own

**separate quarters, kitchen, messrooms, and quartermaster stores, which enabled a proportion of the men to become accustomed to handling equipment and feeding troops. At the Wellington Public Hospital a number were trained in the duties of nursing orderlies.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## LEAVE

### *Leave*

Friday was the great day of the week. It was pay day, and after pay came leave. The crowds on the **Burnham** and **Trentham** platforms would decry the belated arrival of the train to take them to **Christchurch** or **Wellington**. On the return journey there would be sleepy figures, sprawling figures, not-so-steady figures, rowdy figures, before all bundled out into the cold black night for the nightmare walk from the train to the camp, trying to avoid the mud and puddles, to find their huts and get to bed.

As the period of training ended and the time for departure overseas drew near, final leave was granted. It was a period of seclusion from the unit and the Army and was all too short, though the sad business of family farewells could not be unduly prolonged. Then came farewell parades through the cities of **Wellington** and **Christchurch**, followed, a few days later, by the moves to the ports of embarkation. As the men marched to the troopships the crowds cheered and bands played. On board, after the troops had been conducted to their quarters, they swarmed over the deck to every vantage point to watch for friends and relatives in the crowd on the wharf below. Everybody shouted and sang and gave voice to the excitement common to all. Then the cable was slipped. The ship moved away from the wharf. It was a stirring moment when feelings could not be expressed in words. On the land were loved ones; over the horizon lay great adventures.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 FIELD AMBULANCE

### *4 Field Ambulance*

**Pioneers of 2 NZEF Medical Services in the First Echelon were 4 Field Ambulance, 4 Field Hygiene Section, 18 nursing sisters, and a regimental medical officer for each combatant unit.**

**The advanced party of 4 Field Ambulance and 4 Field Hygiene Section arrived in **Burnham** military camp on 26 and 27 September 1939. The stony fields behind the bluegums on the **Canterbury** plains were in a rough state at this time. Huts were being built, and roads and areas for parade grounds were being formed and graded. This primitive untidiness, combined with a spell of wet weather, made the camp appear somewhat dismal to the first arrivals.**

**The officers and NCOs reporting for service in 4 Field Ambulance were mainly from 1, 2, and 3 Field Ambulances of the volunteer Territorial Force, in which the majority had seen several years' continuous service. The officer appointed to command the unit was **Lt-Col J. H. Will**.<sup>1</sup> Five of the other officers—Majors **A. A. Tennent**<sup>2</sup> and **P. V. Graves**,<sup>3</sup> Captains **J. P. McQuilkin**,<sup>4</sup> **R. A. Elliott**<sup>5</sup> and **J. K. Elliott**<sup>6</sup>—were later to have command of a field ambulance, and one (**R. A. Elliott**) was to become ADMS of 2 NZ Division in **Italy**. Sergeant-Major **C. H. Kidman**,<sup>7</sup> of the Permanent Staff, acted as instructor, as he did for all the medical units formed in New Zealand and their reinforcements.**

**For the first week officers and NCOs went through a refresher course at the Southern District School of Instruction. The highlight of this course was the march past at the end of the day's work, the salute being taken by the School Commandant.**

**The main body of the unit began to arrive in camp on 4 October 1939, the men being accommodated in tents because of the shortage of**

**huts. Included in the main party were men of 4 Field Hygiene Section, who were later placed under the command of Capt B. T. Wyn Irwin,<sup>8</sup> and men posted as drivers; these were later transferred to NZASC and attached to the unit. An influenza epidemic in November interfered with training, claiming half the unit as victims, but the enthusiasm was such that the unit made good progress.**

**Fourteen days' final leave was granted in the second half of December, all the men being enabled to spend Christmas with their families before returning to camp. On 3 January 1940 the medical contingent marched in the farewell parade through **Christchurch**, and two days later embarked on HMT *Dunera* at **Lyttelton**. The strength of 4 Field Ambulance, including dental and ASC personnel, was 14 officers and 230 other ranks, and of 4 Field Hygiene Section one officer and 28 other ranks.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 GENERAL HOSPITAL

### *1 General Hospital*

The First Echelon had left New Zealand only a few days when the military camps began to fill up again with volunteers for the Second Echelon. It had been decided that a military general hospital should now be formed, a primary object being the complete treatment of New Zealand sick and wounded by their own kith and kin. Thus **1 NZ General Hospital** came to be formed; its first members began to assemble at **Trentham** on 12 January 1940, under the command of **Col A. C. McKillop**.<sup>9</sup>

These men were the nucleus of the NCOs of the unit. A few had had some Territorial training but most were new to Army life. They had much to learn, but a limited period of five days only was available before the main body of the unit began to assemble. This placed the NCOs and the unit under a handicap at the start—they lacked military knowledge and had but a smattering of the duties which they would have to perform. Yet, to the credit of all concerned, these difficulties were surmounted.

The hospital staff were quartered for a time in tents but were later allotted new huts close to the new camp post office. For messing they were attached to an infantry training battalion, and this arrangement meant that much valuable experience in the supply and feeding of troops was denied to the quartermaster's branch. As many men as possible were employed at the camp hospital as nursing orderlies, and there they were given lectures by sisters of the **NZANS**.

By the time of their final leave the original assortment of men and officers had become an efficient unit. The keenness shown by all ranks had assisted greatly in attaining this. The staff of the hospital contained many senior medical men and some with long service in **1 NZEF**. Three

became Consultants—Lt- Col T. D. M. Stout <sup>10</sup> was later Consultant Surgeon 2 NZEF, Lt- Col J. R. Boyd, <sup>11</sup> Consultant Physician 2 NZEF, and Capt E. G. Sayers, <sup>12</sup> Consultant Physician 2 NZEF IP. Capt R. D. King <sup>13</sup> became CO of a field ambulance and Assistant Director of Medical Services, 2 NZ Division. Maj H. K. Christie <sup>14</sup> and Capt D. G. Radcliffe <sup>15</sup> became COs of general hospitals, and Maj L. J. Hunter <sup>16</sup> became CO 1 NZ CCS.

Final leave was all too short, but on the other hand everyone was itching to see service overseas, expecting that they would soon join their companions of the First Echelon in the Middle East. When the unit entrained for embarkation on the evening of 1 May 1940, little did they guess that they would follow such a round-about route to the Middle East or know what a wealth of experience they would gain in the meantime. The strength of the unit was 21 officers, 37 sisters, and 145 other ranks.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CONVALESCENT DEPOT

### *Convalescent Depot*

**The Convalescent Depot assembled at [Trentham](#) with the Second Echelon under the command of [Col F. M. Spencer](#),<sup>17</sup> whose enthusiasm soon made it a smart military unit, recognised as the best drilled unit in [Trentham](#). It was a pleasure to see it on the parade ground. A full programme of lectures and training was carried out by the five officers and 49 other ranks in the unit. Col Spencer was promoted to command 2 NZ General Hospital, and the command of the Depot was handed over to Lt-Col. N. F. Boag<sup>18</sup> before the Second Echelon embarked.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE

### *5 Field Ambulance*

Another medical unit came into being to take 4 Field Ambulance's place in **Burnham Camp**. Its commanding officer was Lt- **Col H. S. Kenrick**,<sup>19</sup> and its officers and NCOs underwent a training course between 8 December 1939 and 6 January 1940. The CO was later to become ADMS 2 NZ Division and afterwards DMS **2 NZEF**. The second-in-command (Maj J. M. **Thwigg**<sup>20</sup>) was later CO of the ambulance and DDMS 2 NZEF IP. Another officer (Capt F. P. **Furkert**<sup>21</sup>) became CO of a field ambulance and ADMS 2 NZ Division.

Volunteers to make up the body of 5 Field Ambulance began to arrive in camp on 10 January 1940. Most of them were new to medical work as well as to Army life. During their period of training route marches were also undertaken, the distances ranging from four to 22 miles.

Final leave was granted late in March—fourteen glorious days—and then the unit came back to camp to be told that, because of shortage of shipping, another month's training would be done. In the last week of April the Second Echelon units at **Burnham** marched in a farewell parade in **Christchurch**—down High Street to Cranmer Square, where the salute was taken, then over the Bridge of Remembrance to the King Edward Barracks, where the parade was dismissed. The unit (244 strong) left **Burnham** for **Lyttelton** on 30 April and embarked that evening on the ferry for **Wellington** for departure overseas with the Second Echelon.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 2 GENERAL HOSPITAL

### *2 General Hospital*

The staff of 2 NZ General Hospital assembled in **Trentham Camp** on 17 May 1940. Some of the officers and prospective NCOs had entered camp a month earlier.

Most of the unit will remember the prize known as ‘the cup’ (sometimes qualified with an adjective). Nearly all the activities counted for points in the cup competition—drill, fatigues, lectures, work on field days. Beautiful thresholds appeared in front of the huts, fancifully ornamented and bordered with whitewashed stones. Dust was ejected from obscure corners of the huts, and hut orderlies, who swept and garnished their domains both inside and out, jealously guarded their work against the encroachment of muddy boots and untidy inmates.

On the theatrical side there was activity, too. A party from the unit staged a concert in a packed camp theatre. An unusually varied programme was presented—sketches, a choir, recitations, piano-accordion, tap dance, and last but by no means least, ballet ‘girls’ with the inimitable Wally Pricor as leading lady.

In charge of the unit was Colonel Spencer, a forceful and vigorous personality and an able administrator, who was later to die of sickness in North Africa. One of his officers (Lt-Col P. A. **Ardagh** <sup>22</sup>) became DDMS 30 Corps and was in the **United Kingdom** preparing the medical plan for the Second Front when he died. Two others, Lt- **Col D. Pottinger** <sup>23</sup> and Capt J. E. **Caughey** <sup>24</sup> became COs of general hospitals, and one (Maj A. L. de B. **Noakes** <sup>25</sup>) CO of the Convalescent Depot.

On 27 August the unit marched from the train in **Wellington** to embark on the ***Mauretania*** for the **Middle East**. Its embarkation strength was 18 officers, 39 sisters, and 148 other ranks.





# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 FIELD AMBULANCE

### *6 Field Ambulance*

Early in February 1940 25 men arrived in **Burnham** to form the nucleus of 6 Field Ambulance. They were soon in training to become NCOs of the unit. A month later the commanding officer, **Lt-Col W. H. B. Bull**, <sup>26</sup> with eight other officers, arrived at the School to complete their course of training before the main body was drafted into camp.

On 14 May the unit came into being as a third field ambulance for the New Zealand Division overseas. Though the training was hard and much of it dull at first, the new life was not without compensations. Training as a separate body, the unit had its own block of huts, ablution benches, parade ground, square, and orderly-room offices. Leave at the weekends was generous, and within the camp were several huts and canteens where the men could find occupation for spare time in games, reading, or writing. Frequently there was a cinema show in the camp and concert parties also entertained the troops.

After a few weeks the unit was ready to go into the field and set up dressing stations under varying conditions. Combined exercises were frequently held with the infantry. In the construction of a large underground dressing station just behind the training school, officers and men wielded picks and shovels with a will; it was dug in trenched sections some 120 yards long and its construction was at times as much a picnic as an exercise. With these exercises came some sense of realisation of what lay ahead, and the unit developed and matured until, when it came to final leave in mid-August, a spirit of unity and goodwill existed.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 3 GENERAL HOSPITAL

### *3 General Hospital*

After a false start, the formation of a third general hospital remained tucked away in the back of the minds of the military administrators until 11 October 1940, when instructions went out to the Districts to proceed with its mobilisation. Each District was required to provide a certain quota of orderlies, storemen, dispensers, clerks, and specialists. The Commanding Officer, **Col G. W. Gower**,<sup>27</sup> and the Registrar, **Maj J. Russell**,<sup>28</sup> arrived in **Trentham Mobilisation Camp** on the evening of 27 October, right in the middle of a trial air-raid alarm—a forerunner of the trials and unexpected events to be faced in the days to come. During the following three days the remaining members of the unit entered camp. On its strength were 14 officers, 48 sisters, and 143 other ranks.

At first personnel of 3 General Hospital were quartered in the main part of the camp, but later they moved to the racecourse and utilised the tea kiosk and the upper part of a grandstand as billets. On 16 November the unit was inspected by the Director-General of Medical Services, **Brigadier F. T. Bowerbank**,<sup>29</sup> and sufficient proficiency in marching had been attained by this time to evoke praise.

Two days later members of the unit left on final leave. On 30 November, leave completed, it was learned with mixed feelings that departure had been delayed. A 'farewell' parade of all 4th Reinforcements through the streets of **Wellington** took place on 14 December. Despite this official leave-taking, training continued until 23 December, when the unit departed on special Christmas and New Year leave. This unexpected visit to families during the festive season was welcome, but the strain of saying farewells again was trying to most.

On return to **Trentham** in the New Year, the unit was moved from the racecourse to tents in the western area of the camp, a move

necessitated by the holding of a race meeting. The accommodation provided proved far from satisfactory; tents of 1916 vintage were incapable of turning even a light shower and were quite inadequate for the torrential downpours experienced on several nights.

At dawn on 1 February 1941 the staff of the hospital rose to prepare for embarkation. Everything moved smoothly, and 3 NZ General Hospital left **Trentham** as part of 3rd Section, 4th Reinforcements. It was a clear and sunny day and, with the band playing, Col Gower marched at the head of his men to the railway station, where the troops entrained for Pipitea Wharf. The vessel that was to carry them to the **Middle East** was the *Nieuw Amsterdam*, 38,000 tons, the most modern of the **Holland-America Line**.

As the troops went aboard, they quickly deposited their kits in the quarters allotted to them and returned to the decks. As soon as all were embarked the crowds were permitted to move on to the wharf, and an address was given by the Prime Minister, the Hon. P. Fraser. Then, in the early afternoon, amid the cheers of friends gathered on shore, the ship pulled out and the long voyage began.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 2 – VOYAGES OVERSEAS

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### VOYAGES OVERSEAS

THE 4 Field Ambulance and 4 Field Hygiene Section embarked on HMT *Dunera* at Lyttelton on 5 January 1940. The *Dunera* was a regular Army troopship owned by the British India Line and was used before the war to take drafts of British troops to Indian and Eastern stations. The other five transports conveying the First Echelon overseas were passenger liners—*Orion*, *Strathaird*, *Empress of Canada*, *Rangitata*, and *Sobieski*—and on them were medical groups, each including three nursing sisters chosen by the Matron-in-Chief, Miss I. G. Willis,<sup>1</sup> to run the ships' hospitals. The naval escort for the first stage of the voyage was HMS *Ramillies*, HMAS *Canberra*, and HMS *Leander*.

The spacious promenade and sun decks which catered for the former tourists on these liners were lacking on the *Dunera*, with the result that the space available for both training and recreation was limited. Cabins were allotted to officers and senior NCOs, but most of the men were less happily accommodated in troop decks. Here the men were divided into messes at long wooden tables, averaging from 14 to 18 men to each mess. At night they slept in hammocks slung above the tables. The hammocks were stowed away, Navy fashion, at reveille in lockers in the ship's hold. Officers and senior NCOs fed in dining rooms, where they were attended by Indian waiters in a picturesque uniform of long flowing blue coat over a spotless white gown, complete with a broad waist sash and turban. In the men's messes conditions were not nearly so comfortable.

In their leisure time on the ship the men read books, played card games or 'housie' (the only form of gambling with official sanction), wrote letters, played deck quoits, sunbathed, or leaned over the ship's rails watching the sea. Canteens did a brisk trade in cigarettes, tobacco, chocolate, and beer.

After the men had got over the seasickness induced by the heavy

seas as they passed through **Bass Strait** into the Australian Bight, they began to settle down to shipboard life. When the liners pulled in to the wharves at **Fremantle**, almost everyone was given shore leave. It was a brief stay, but the people of **Perth**, a few miles inland, did their utmost to make it a full one and threw their city open to the visiting troops. They took men to their homes or drove them in cars around the city and its picturesque surroundings. They provided refreshments and meals, and in the evening numerous dance halls were filled with the city's attractive girls. Few will forget **Perth's** warm welcome. Throughout the war this hospitality was given to all New Zealand troops on their outward and homeward voyages, especially to those on the hospital ships.

An announcement on 23 January that Egypt was the destination of the First Echelon put an end to many shipboard rumours. Lectures on Egypt, the religion and customs of its people, and the precautions to be taken against disease in that country proved very interesting.

The convoy anchored at **Colombo** on 30 January. No sooner had the transports moored than they were surrounded by swarms of small boats laden with a varied assortment of curios and fruit. For most of the troops it was their first experience of native vendors and their wiles. Sales were made after much haggling. Shrewd practices in the boats below drew a bombardment of pineapple tops from the troops on deck—after that the pineapples were sold with the tops removed. Men from the **Dunera** had shore leave on 31 January, after a long wait for passenger lighters to take them from the roadstead. Most spent the greater part of their leave sightseeing or strolling around the native quarter looking for bargains in poky little shops. Another popular leave diversion was rickshaw racing.

The voyage across the **Arabian Sea** from **Colombo** was calm and uneventful. In the **Red Sea** the troops could see stretches of bare, rugged coastline on each side— **Eritrea** and Arabia. On the run to **Port Tewfik** the convoy increased speed, leaving the **Dunera**, the slowest ship, to bring up the rear. At **Port Tewfik** a swarm of Egyptian hawkers tried to dispose of oranges, cigarettes, wallets, Turkish delight, and toffees.

Besides the warnings given in medical lectures, the dirtiness of the boatmen and the filth on the wharf deterred most of the troops from making purchases. Scrambling amid the dirt and refuse on the wharf, small children and adults begged baksheesh from the troops and fought for coins and cigarettes thrown down to them. Most of the men were weary of life on board ship and were glad when orders came to disembark.

### *Voyage of Second Echelon to United Kingdom*

When 5 Field Ambulance and 1 General Hospital embarked with other units of the Second Echelon at **Wellington** on 1 May, they went aboard the *Aquitania* and *Empress of Britain* respectively. The other ships in the convoy were the *Empress of Japan* and *Andes*. The naval escort consisted of HMAS *Canberra*, HMAS *Australia*, and HMS *Leander*.

At 6 a.m. on 2 May the *Aquitania* and *Empress of Britain* moved away from the wharves and out into the stream. It was a quieter farewell than the First Echelon had received. After waiting all night in the hope of a last glimpse of the men going overseas, relatives and friends were allowed on the wharf for a last-minute exchange of goodbyes. The Trentham Camp Band farewelled each ship with 'Roll Out the Barrel', popular at that time.

Rough seas in the Tasman for the first two days of the voyage caused some seasickness amongst the troops. The men were given time to settle down before training was begun, the first parades on board being for the allotment of boat stations and boat-drill practice.

On 5 May the convoy was joined off Sydney Heads by the *Queen Mary* and the *Mauretania* carrying part of the Australian contingent, and on 7 May by the *Empress of Canada* from **Melbourne**. In excellent weather the troops carried out shipboard training, consisting largely of deck games and physical drill. Lectures were frequently given on medical subjects. Entertainments, including concerts and community sings, were held regularly throughout the voyage.



The convoy anchored off **Fremantle** on 10 May. The biggest ship of the New Zealand section, the ***Aquitania***, lay at anchor in the roadstead two miles off shore, while the other ships berthed at the wharves. By special arrangement a pleasure steamer, a tug, and a Dutch oil tanker were obtained to transport the men on the ***Aquitania*** to the wharf, although it was impossible to give all of them leave.

As with the First Echelon, the people of **Perth** and **Fremantle** were again generous in their hospitality. At a number of halls in both cities light refreshments were made available free to the troops, cars were lent for sightseeing tours, dances were organised, and the men welcomed to private homes.

At midday on 12 May the convoy sailed from **Fremantle**, headed north-west for **Colombo**. On the 15th, when the ships were just south-west of Cocos Islands, orders were received for the course to be changed. The convoy then steamed in a westerly direction towards South Africa. Naturally this change in course gave rise to a great deal of speculation on board: whether the convoy had been diverted because the troops were needed in the **United Kingdom**, or because the ships were needed in the **Atlantic**, or because of the dangers of the **Red Sea** passage in the likelihood of war with **Italy**; there were rumours, too, of the presence in the northern **Indian Ocean** of an enemy raider.

When **Cape Town** was reached on the morning of 26 May, the ***Aquitania*** was again unable to berth and seas were too high for the troops to be taken off by launch, so with the ***Queen Mary*** the ship sailed on the 27th for Simonstown, about 25 miles away. The men on these ships could not be granted as much leave as those on the transports berthed at **Cape Town**. Here Lt-Col Kenrick left 5 Field Ambulance, flying overland to **Cairo** to take up the position of acting ADMS, **2 NZEF (ME)**, during the absence of Col K. **MacCormick**<sup>2</sup> in the **United Kingdom** to make medical arrangements for the Second Echelon. Maj J. M. Twhigg took over command of the unit.

At **Cape Town** everyone enjoyed leave during the four days spent

there and all were most hospitably entertained. Just before setting sail once more, eight sisters transhipped from the *Empress of Britain* to the *Mauretania* to assist in nursing the Australians, amongst whom an epidemic of measles had broken out. A lighter arrived at the ship's side and, with little ceremony, they were hustled off. It was a very choppy sea, and when they arrived alongside the *Mauretania* they found they were to clamber aboard, in true sailor fashion, by means of a rope ladder. From the lighter it seemed miles to the top of that ladder. Their hearts sank within them, and with a final look at the ship's heaving side they decided it couldn't—and wouldn't—be done. Kind-hearted sailors finally lowered a bosun's chair and in this, one by one, the sisters ascended to the deck, feeling that medals had been awarded for less hazardous episodes.

The convoy left **Cape Town** and Simonstown on 31 May without the *Empress of Japan*, whose troops had been transferred to the *Empress of Britain* and the *Andes*. Hotter weather was experienced as the ships headed north and the Equator was crossed on the evening of 5 June.

At **Freetown**, Sierra Leone, the ships anchored in the stream on 7 June, but no leave was granted. A diversion was caused by the natives who came out to the ships in bumboats and dived for coins. They greatly appreciated the cheese sandwiches thrown to them, but foamed at the mouth when soap was substituted for the cheese.

**Italy's** entry into the war on 10 June did not affect the convoy's course to the **United Kingdom**. Between the Canary Islands and the Azores on 14 June, an escort consisting of HMS *Hood*, the aircraft-carrier *Argus*, and six destroyers joined the convoy. At one time the ships took evasive action against submarines thought to be in the vicinity, and the destroyers were very active. Passing through St. George's Channel, between Wales and **Ireland**, on 15 June, all ranks had deeply impressed on them their nearness to the war zone. Early in the morning the convoy passed a large quantity of wreckage, and at midday a large blazing tanker was sighted.

On a beautiful Sunday afternoon, 16 June, the convoy arrived safely in the **Firth of Clyde** and came to anchor at **Gourock**. The first glimpse of **Scotland** was magnificent on this lovely sunny day. The sparkling waters of the Clyde, backed by the old buildings of the town, and the rolling downs of the green hills, with an old castle on the point, painted indelible pictures on the memory. In the evening the long twilight softened the colours and added to the allure of the lovely scene, while a rising moon made magic of the night.

### *With the Third Echelon to Egypt*

As units of the Third Echelon, 6 Field Ambulance (234 strong) embarked on the **Orcades** on 27 August 1940 and 2 **General Hospital** (205 all ranks) on the **Mauretania**. Also in the convoy was the **Empress of Japan**, and the escort was the cruiser **Achilles**. Later they were joined by the **Aquitania**, from **Sydney**.

On board the **Orcades** it was a lazy life, neither training nor duties being at all heavy. There were roll-call parades and occasionally a short period of physical training, but it was more or less a do-as-you-please existence, and the ship's two swimming pools were very popular, particularly when the convoy neared the tropics. The staffing of a ship's hospital and a general treatment room did not call heavily on the unit and duties were taken in rotation.

After a neighbourly welcome at **Fremantle**, the voyagers had their first contact with the East when one morning the convoy sailed into the open harbour of the peninsula on which stands **Bombay**. The country was flat with a few quaint hill features and dotted with palms and banyan trees. The city itself presented a contrast. Its mosques and domed roofs were Oriental, while beyond the city itself tall, smoking chimneys and factory buildings gave an industrialised western appearance. All around in the harbour and in the open sea were many long-masted dhows and other small craft, and as the liners steamed into the harbour natives in these small boats came alongside to barter,

throwing up small articles in ebony or ivory for coins thrown down to them.

At this time **Italy** had not long entered the war, and with bases in **East Africa** her air force and navy could prove troublesome to transports in the **Red Sea** and in parts of the **Indian Ocean**. As it was thus not advisable to risk the large liners of the convoy on the final stage of the journey to Egypt, a new convoy of smaller transports replaced them. In the new convoy room could not be found for the whole contingent, and 6 Field Ambulance, together with a draft of 550 reinforcements, was obliged to wait at **Bombay** until transport could be arranged.

On the two-mile march along the waterfront in the tropical heat to quarters in the Brabourne stadium, those new to the countries of the East who took their living conditions at home for granted received a shock. The evident poverty, filth, and stench in many places were appalling, and maimed and starved beggars in rags seen along the route brought feelings of revulsion.

Troops on the **Mauretania** and **Orcades** were transhipped to the **Ormonde** and **Orion** respectively. The staff of 2 **General Hospital** were ferried across to the **Ormonde** and the patients from the little ship's hospital on the sun deck were settled into the new ship. The unit fitted itself with a struggle into Section 11, E Deck—their dining-cum-sleeping quarters for the next two weeks.

Then there was a rush for leave. By taxi and gharry men travelled to the city, sampling the cool drinks and ices at the Services Club, and then sallying forth to new sights, sounds, and smells. Some bought postcards, sandals, shorts, fly swats; others fathomed the relative values of rupees, annas, and pies in the Bazaar—a foretaste of the economics of the Mousky in **Cairo**; some went past the stadium to the seafront with its streets of modern flats. A tropical storm caught many in its deluge and prompted an early return to hammocks on the **Ormonde**.

The more crowded and less comfortable quarters on this ship were

not popular with the men, although the staff of **2 General Hospital** were relatively fortunate in their billets. As a protest against their living conditions and the food, a demonstration by the troops on the *Ormonde* delayed its departure from **Bombay** with the rest of the convoy on 19 September. However, the complaints were adjusted and the transport rejoined the convoy next day. The course was then west. Distant land rose on the skyline and the **Red Sea** was entered. Brown headlands and islands showed up. Mail closed on board—a sure sign that a port was near. On 28 September the anchor was dropped at **Port Tewfik**. In the harbour the troops stayed until 1 October, with nothing much else to do than look over the side at the oil tanker and water-boats replenishing the ship.

The ten days **6 Field Ambulance** spent at **Bombay** were, for most, very uncomfortable. Plunged suddenly into a hot, sticky, and trying climate, the men were without proper tropical clothing, their sleeping quarters on the stadium steps were provided with quite inadequate toilet facilities, and the food was deplorable, almost uneatable. To make things more uncomfortable, a monsoon downpour turned the sleeping quarters into a cascade. It rained solidly for a day and a half and there was no option but to move out of the flooded stadium. The covered stand of the **Aga Khan racecourse** a few miles out provided dry quarters, even if they were otherwise little more satisfactory. The officers were more comfortably off as most of them were accommodated in hotels in **Bombay**.

Some delay was still expected before transports would be available, and so, to avoid the trying heat of **Bombay**, the unit was moved to a camp at **Deolali**, about 100 miles from **Bombay**, in the hill districts, where conditions generally were very much more satisfactory. Here they spent another fortnight. Within a short time of their arrival, another downpour thoroughly soaked everyone and everything before the men had been allotted their tents, but it was the last of the rains. The climate at **Deolali** was much more agreeable than that of **Bombay**.

After the luxury conditions on the *Orcades*, the men were not

prepared for those prevailing on the *Felix Roussel* when they embarked in October. This ship was dirty; its Lascar crew were dirty, too, and conditions were in every way deplorable. As there was little ventilation to the troop deck, the men slept out on the open decks, but here they were caught by torrential rains and thoroughly soaked. In the fore galley cooks from the unit made a gallant attempt to provide meals, but they were incapacitated during the first few days of the voyage and everyone had then to be content with hard rations.

Off Aden the convoy was joined by another twenty ships and the escort of armed merchantmen was reinforced by the cruiser HMS *Leander*. In the Red Sea Italian planes made repeated bombing attacks on the large convoy. They were over almost every afternoon, but with little success. Then, in the early hours of the morning of Trafalgar Day, two Italian destroyers attempted an attack. The cruiser and merchant cruisers slipped off into the night and gunfire was heard well in the distance. Next morning the destroyer *Kimberley* was towed back to the convoy by the *Leander* with a gaping hole amidships, having sunk an enemy destroyer, damaged another, and silenced a shore battery that had joined in the action. The convoy kept steaming on slowly and safely.

The *Felix Roussel* left the convoy to call at **Port Sudan** for a few hours to take on water. While she was at the wharves, two Italian planes came out of the sun, and almost before anyone was aware of their appearance a bomb had shattered a goods shed on the wharves with a terrific blast and scattered the natives in all directions. One bomb fell in the sea just beyond the water barge alongside the *Felix Roussel*, shaking the ship with the blast as if she had been hit and throwing men off their feet, while another also fell into the water close by. The experience was shaking, but the troopship resumed her journey unscathed and steamed up the **Suez Canal** alone to **Port Said**.

*Voyage of 4th Reinforcements to Egypt*

The staff of 3 General Hospital were a small group of 205 among the 4300 troops comprising the third section of the 4th Reinforcements. Most of the unit were in eight-berth cabins on the *Nieuw Amsterdam*, while about fifty were quartered in a large lounge. Some were not so fortunate, having to sleep in hammocks in somewhat cramped conditions. So large was the number being carried that meals had to be held in three large sittings; purchases at the canteen, wet or dry, meant hour-long waits in endless winding queues.

The voyage to **Australia** was uneventful, the troops gradually settling down to shipboard life, with its attendant discomforts and advantages. After a brief call at **Sydney**, with the famous bridge as the main sight, the *Nieuw Amsterdam* joined a convoy consisting of the *Queen Mary*, *Aquitania*, and later the *Mauretania*. In this exalted company she sailed into **Fremantle**. **Perth** hospitality, which by now had become renowned among members of **2 NZEF**, was sampled. On the first day in **Fremantle** no leave was granted to other ranks, but the sisters were permitted to go ashore, provided they were escorted by the CO. Much interest was displayed by all other personnel on the ship at the sight of Col Gower leading a long single file of sisters down the gangway on to the wharf; thence, in and out of various obstacles, to buses, waiting about half a mile away.

After leaving **Fremantle** the *Queen Mary* left the convoy to take Australians to **Singapore**. **Bombay** was reached on 22 February 1941, and by the 24th all members of the unit had disembarked, the sisters being quartered at the Taj Mahal Hotel in **Bombay**, while the male staff travelled to the Rest and Leave Camp at **Deolali**. They welcomed the opportunity to visit **Bombay** and see the sights of the city, but conditions at **Deolali** were greeted with little enthusiasm. This introduction to other than European modes of life did not impress any of the unit with the ways of the Eastern native. Views of 'The Gateway to **India**', Malabar Hill, visits to Narsik, or haggling in the bazaars were events to be remembered amidst the vivid contrasts between beauty and sordid filth, colour and drabness.

**Deolali** was left on 11 March, and the unit embarked on the *Empress of Australia* at **Bombay**. One of the other ships of the convoy was the *Nieuw Zeeland*—loaded with Australians!

As the convoy steamed up the **Red Sea**, all eyes were turned towards the African coast. The even tenor of the passage, in fierce heat, was broken on only one occasion by an alarm for ‘Action Stations’, with a warning of enemy planes in the offing. The alert passed, however, without incident. **Port Tewfik** was reached on 23 March. Some 74 ships were counted in the harbour, confounding shipboard rumours that heavy raids had put the port practically out of action.

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<sup>1</sup> **Matron-in-Chief Miss I. G. Willis, OBE, ARRC, ED, m.i.d.; born Wellington, 29 Dec 1881; Asst Inspector of Hospitals, Wellington; 1 NZEF 1914-18, Sister 1 Stationary Hosp, Surgical Team, Matron 1918; Matron-in-Chief Army HQ (NZ) Sep 1939-Mar 1946.**

<sup>2</sup> **Brig K. MacCormick, CB, CBE, DSO, \* ED, m.i.d. (2); born, Auckland, 13 Jan 1891; Surgeon, Auckland; 1 NZEF 1914-19, Egypt, Gallipoli, France—OC 2 Fd Amb Dec 1917-Jan 1918; DADMS 1 NZ Div Jan-Oct 1918; ADMS 2 NZEF Jan-Oct 1940; DMS 2 NZEF Oct 1940-May 1942 and Sep 1942-Apr 1943.**

\* **First World War.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## VOYAGE OF SECOND ECHELON TO UNITED KINGDOM

### *Voyage of Second Echelon to United Kingdom*

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The convoy anchored off **Fremantle** on 10 May. The biggest ship of the New Zealand section, the *Aquitania*, lay at anchor in the roadstead two miles off shore, while the other ships berthed at the wharves. By

special arrangement a pleasure steamer, a tug, and a Dutch oil tanker were obtained to transport the men on the *Aquitania* to the wharf, although it was impossible to give all of them leave.

As with the First Echelon, the people of **Perth** and **Fremantle** were again generous in their hospitality. At a number of halls in both cities light refreshments were made available free to the troops, cars were lent for sightseeing tours, dances were organised, and the men welcomed to private homes.

At midday on 12 May the convoy sailed from **Fremantle**, headed north-west for **Colombo**. On the 15th, when the ships were just south-west of Cocos Islands, orders were received for the course to be changed. The convoy then steamed in a westerly direction towards South Africa. Naturally this change in course gave rise to a great deal of speculation on board: whether the convoy had been diverted because the troops were needed in the **United Kingdom**, or because the ships were needed in the **Atlantic**, or because of the dangers of the **Red Sea** passage in the likelihood of war with **Italy**; there were rumours, too, of the presence in the northern **Indian Ocean** of an enemy raider.

When **Cape Town** was reached on the morning of 26 May, the *Aquitania* was again unable to berth and seas were too high for the troops to be taken off by launch, so with the *Queen Mary* the ship sailed on the 27th for Simonstown, about 25 miles away. The men on these ships could not be granted as much leave as those on the transports berthed at **Cape Town**. Here Lt-Col Kenrick left 5 Field Ambulance, flying overland to **Cairo** to take up the position of acting ADMS, 2 NZEF (ME), during the absence of Col K. **MacCormick**<sup>2</sup> in the **United Kingdom** to make medical arrangements for the Second Echelon. Maj J. M. Twigg took over command of the unit.

At **Cape Town** everyone enjoyed leave during the four days spent there and all were most hospitably entertained. Just before setting sail once more, eight sisters transhipped from the *Empress of Britain* to the *Mauretania* to assist in nursing the Australians, amongst whom an

epidemic of measles had broken out. A lighter arrived at the ship's side and, with little ceremony, they were hustled off. It was a very choppy sea, and when they arrived alongside the *Mauretania* they found they were to clamber aboard, in true sailor fashion, by means of a rope ladder. From the lighter it seemed miles to the top of that ladder. Their hearts sank within them, and with a final look at the ship's heaving side they decided it couldn't—and wouldn't—be done. Kind-hearted sailors finally lowered a bosun's chair and in this, one by one, the sisters ascended to the deck, feeling that medals had been awarded for less hazardous episodes.

The convoy left **Cape Town** and Simonstown on 31 May without the *Empress of Japan*, whose troops had been transferred to the *Empress of Britain* and the *Andes*. Hotter weather was experienced as the ships headed north and the Equator was crossed on the evening of 5 June.

At **Freetown**, Sierra Leone, the ships anchored in the stream on 7 June, but no leave was granted. A diversion was caused by the natives who came out to the ships in bumboats and dived for coins. They greatly appreciated the cheese sandwiches thrown to them, but foamed at the mouth when soap was substituted for the cheese.

**Italy's** entry into the war on 10 June did not affect the convoy's course to the **United Kingdom**. Between the Canary Islands and the Azores on 14 June, an escort consisting of HMS *Hood*, the aircraft-carrier *Argus*, and six destroyers joined the convoy. At one time the ships took evasive action against submarines thought to be in the vicinity, and the destroyers were very active. Passing through St. George's Channel, between Wales and **Ireland**, on 15 June, all ranks had deeply impressed on them their nearness to the war zone. Early in the morning the convoy passed a large quantity of wreckage, and at midday a large blazing tanker was sighted.

On a beautiful Sunday afternoon, 16 June, the convoy arrived safely in the **Firth of Clyde** and came to anchor at **Gourock**. The first glimpse of **Scotland** was magnificent on this lovely sunny day. The sparkling

waters of the Clyde, backed by the old buildings of the town, and the rolling downs of the green hills, with an old castle on the point, painted indelible pictures on the memory. In the evening the long twilight softened the colours and added to the allure of the lovely scene, while a rising moon made magic of the night.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WITH THE THIRD ECHELON TO EGYPT

### *With the Third Echelon to Egypt*

As units of the Third Echelon, 6 Field Ambulance (234 strong) embarked on the *Orcades* on 27 August 1940 and 2 General Hospital (205 all ranks) on the *Mauretania*. Also in the convoy was the *Empress of Japan*, and the escort was the cruiser *Achilles*. Later they were joined by the *Aquitania*, from Sydney.

On board the *Orcades* it was a lazy life, neither training nor duties being at all heavy. There were roll-call parades and occasionally a short period of physical training, but it was more or less a do-as-you-please existence, and the ship's two swimming pools were very popular, particularly when the convoy neared the tropics. The staffing of a ship's hospital and a general treatment room did not call heavily on the unit and duties were taken in rotation.

After a neighbourly welcome at Fremantle, the voyagers had their first contact with the East when one morning the convoy sailed into the open harbour of the peninsula on which stands Bombay. The country was flat with a few quaint hill features and dotted with palms and banyan trees. The city itself presented a contrast. Its mosques and domed roofs were Oriental, while beyond the city itself tall, smoking chimneys and factory buildings gave an industrialised western appearance. All around in the harbour and in the open sea were many long-masted dhows and other small craft, and as the liners steamed into the harbour natives in these small boats came alongside to barter, throwing up small articles in ebony or ivory for coins thrown down to them.

At this time Italy had not long entered the war, and with bases in East Africa her air force and navy could prove troublesome to transports in the Red Sea and in parts of the Indian Ocean. As it was thus not



advisable to risk the large liners of the convoy on the final stage of the journey to Egypt, a new convoy of smaller transports replaced them. In the new convoy room could not be found for the whole contingent, and 6 Field Ambulance, together with a draft of 550 reinforcements, was obliged to wait at **Bombay** until transport could be arranged.

On the two-mile march along the waterfront in the tropical heat to quarters in the Brabourne stadium, those new to the countries of the East who took their living conditions at home for granted received a shock. The evident poverty, filth, and stench in many places were appalling, and maimed and starved beggars in rags seen along the route brought feelings of revulsion.

Troops on the *Mauretania* and *Orcades* were transhipped to the *Ormonde* and *Orion* respectively. The staff of **2 General Hospital** were ferried across to the *Ormonde* and the patients from the little ship's hospital on the sun deck were settled into the new ship. The unit fitted itself with a struggle into Section 11, E Deck—their dining-cum-sleeping quarters for the next two weeks.

Then there was a rush for leave. By taxi and gharry men travelled to the city, sampling the cool drinks and ices at the Services Club, and then sallying forth to new sights, sounds, and smells. Some bought postcards, sandals, shorts, fly swats; others fathomed the relative values of rupees, annas, and pies in the Bazaar—a foretaste of the economics of the Mousky in **Cairo**; some went past the stadium to the seafront with its streets of modern flats. A tropical storm caught many in its deluge and prompted an early return to hammocks on the *Ormonde*.

The more crowded and less comfortable quarters on this ship were not popular with the men, although the staff of **2 General Hospital** were relatively fortunate in their billets. As a protest against their living conditions and the food, a demonstration by the troops on the *Ormonde* delayed its departure from **Bombay** with the rest of the convoy on 19 September. However, the complaints were adjusted and the transport rejoined the convoy next day. The course was then west. Distant land

rose on the skyline and the **Red Sea** was entered. Brown headlands and islands showed up. Mail closed on board—a sure sign that a port was near. On 28 September the anchor was dropped at **Port Tewfik**. In the harbour the troops stayed until 1 October, with nothing much else to do than look over the side at the oil tanker and water-boats replenishing the ship.

The ten days 6 Field Ambulance spent at **Bombay** were, for most, very uncomfortable. Plunged suddenly into a hot, sticky, and trying climate, the men were without proper tropical clothing, their sleeping quarters on the stadium steps were provided with quite inadequate toilet facilities, and the food was deplorable, almost uneatable. To make things more uncomfortable, a monsoon downpour turned the sleeping quarters into a cascade. It rained solidly for a day and a half and there was no option but to move out of the flooded stadium. The covered stand of the Aga Khan racecourse a few miles out provided dry quarters, even if they were otherwise little more satisfactory. The officers were more comfortably off as most of them were accommodated in hotels in **Bombay**.

Some delay was still expected before transports would be available, and so, to avoid the trying heat of **Bombay**, the unit was moved to a camp at **Deolali**, about 100 miles from **Bombay**, in the hill districts, where conditions generally were very much more satisfactory. Here they spent another fortnight. Within a short time of their arrival, another downpour thoroughly soaked everyone and everything before the men had been allotted their tents, but it was the last of the rains. The climate at **Deolali** was much more agreeable than that of **Bombay**.

After the luxury conditions on the **Orcades**, the men were not prepared for those prevailing on the *Felix Roussel* when they embarked in October. This ship was dirty; its Lascar crew were dirty, too, and conditions were in every way deplorable. As there was little ventilation to the troop deck, the men slept out on the open decks, but here they were caught by torrential rains and thoroughly soaked. In the fore galley cooks from the unit made a gallant attempt to provide meals, but they

were incapacitated during the first few days of the voyage and everyone had then to be content with hard rations.

Off Aden the convoy was joined by another twenty ships and the escort of armed merchantmen was reinforced by the cruiser HMS *Leander*. In the Red Sea Italian planes made repeated bombing attacks on the large convoy. They were over almost every afternoon, but with little success. Then, in the early hours of the morning of Trafalgar Day, two Italian destroyers attempted an attack. The cruiser and merchant cruisers slipped off into the night and gunfire was heard well in the distance. Next morning the destroyer *Kimberley* was towed back to the convoy by the *Leander* with a gaping hole amidships, having sunk an enemy destroyer, damaged another, and silenced a shore battery that had joined in the action. The convoy kept steaming on slowly and safely.

The *Felix Roussel* left the convoy to call at **Port Sudan** for a few hours to take on water. While she was at the wharves, two Italian planes came out of the sun, and almost before anyone was aware of their appearance a bomb had shattered a goods shed on the wharves with a terrific blast and scattered the natives in all directions. One bomb fell in the sea just beyond the water barge alongside the *Felix Roussel*, shaking the ship with the blast as if she had been hit and throwing men off their feet, while another also fell into the water close by. The experience was shaking, but the troopship resumed her journey unscathed and steamed up the **Suez Canal** alone to **Port Said**.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## VOYAGE OF 4TH REINFORCEMENTS TO EGYPT

### *Voyage of 4th Reinforcements to Egypt*

The staff of 3 General Hospital were a small group of 205 among the 4300 troops comprising the third section of the 4th Reinforcements. Most of the unit were in eight-berth cabins on the *Nieuw Amsterdam*, while about fifty were quartered in a large lounge. Some were not so fortunate, having to sleep in hammocks in somewhat cramped conditions. So large was the number being carried that meals had to be held in three large sittings; purchases at the canteen, wet or dry, meant hour-long waits in endless winding queues.

The voyage to **Australia** was uneventful, the troops gradually settling down to shipboard life, with its attendant discomforts and advantages. After a brief call at **Sydney**, with the famous bridge as the main sight, the *Nieuw Amsterdam* joined a convoy consisting of the *Queen Mary*, *Aquitania*, and later the *Mauretania*. In this exalted company she sailed into **Fremantle**. **Perth** hospitality, which by now had become renowned among members of **2 NZEF**, was sampled. On the first day in **Fremantle** no leave was granted to other ranks, but the sisters were permitted to go ashore, provided they were escorted by the CO. Much interest was displayed by all other personnel on the ship at the sight of Col Gower leading a long single file of sisters down the gangway on to the wharf; thence, in and out of various obstacles, to buses, waiting about half a mile away.

After leaving **Fremantle** the *Queen Mary* left the convoy to take Australians to **Singapore**. **Bombay** was reached on 22 February 1941, and by the 24th all members of the unit had disembarked, the sisters being quartered at the Taj Mahal Hotel in **Bombay**, while the male staff travelled to the Rest and Leave Camp at **Deolali**. They welcomed the opportunity to visit **Bombay** and see the sights of the city, but conditions at **Deolali** were greeted with little enthusiasm. This

introduction to other than European modes of life did not impress any of the unit with the ways of the Eastern native. Views of 'The Gateway to **India**', Malabar Hill, visits to Narsik, or haggling in the bazaars were events to be remembered amidst the vivid contrasts between beauty and sordid filth, colour and drabness.

**Deolali** was left on 11 March, and the unit embarked on the *Empress of Australia* at **Bombay**. One of the other ships of the convoy was the *Nieuw Zeeland*—loaded with Australians!

As the convoy steamed up the **Red Sea**, all eyes were turned towards the African coast. The even tenor of the passage, in fierce heat, was broken on only one occasion by an alarm for 'Action Stations', with a warning of enemy planes in the offing. The alert passed, however, without incident. **Port Tewfik** was reached on 23 March. Some 74 ships were counted in the harbour, confounding shipboard rumours that heavy raids had put the port practically out of action.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 3 – MEDICAL UNITS IN EGYPT

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**WHEN 4 Field Ambulance and 4 Field Hygiene Section disembarked on 13 February 1940, the train journey from Port Tewfik through Geneifa, Fayid, Ismailia, El Qassasin, and Tel el Kebir to Maadi, a distance of about 90 miles, took about six hours. The New Zealand troops were not impressed by Egyptian troop trains and they were to find by bitter experience that the standard did not improve. The dusty carriages had wooden seats and bare floors, and these the engine drew in frenzied dashes, with the whistle shrieking incessantly, and then halted at isolated stations as if exhausted. At their destination, Wadi Digla siding, the men were glad to leave the train, and then they marched with light kits to quarters under canvas in Maadi Camp.**

**Maadi Camp, stretching out in the desert about eight miles from Cairo, was built on a plateau overlooking the Nile Valley. It was something of a disillusionment. No one had quite expected a base camp (to all intents and purposes) out in the unfriendly desert, or had realised that the desert was such a colourless and depressing waste of sand. Romantic pictures of golden, rolling sandhills were soon dispelled by hard reality, and although, later, men were to come to look on Maadi Camp as representing comfort and civilisation, at first encounter the prospect of living under what then seemed such cheerless conditions was far from encouraging. The only feature to break the monotony of the surroundings was a lined and eroded escarpment beyond the camp boundaries to the south and east, while westwards in the hazy distance were the age-old Pyramids. There was not a tree, a bush, or any splash of living green in the camp to relieve the drab monotony of desert.**

**The camp was a haphazard assembly of large square tents (EPIP <sup>1</sup> they were called), smaller reddish-brown tents, and huts of wood or stone. More huts were being built, 'Wogs' working at them slowly to a monotonous chant by one of their number, while camel trains carrying**



building materials strode leisurely through the camp. The huts were used mainly for offices, cookhouses, mess-rooms or stores, and the men's sleeping quarters were all in tents. Erecting the tents was a major task as the rocky plateau was covered with only a few inches of sand.

Camouflaged to blend with the sand, the tents spread over the desert for a considerable area, later to grow to several square miles. Later on, the building of NAAFI's, **YMCA**, and **Lowry Hut** added comfortable amenities.

The First Echelon arrived in Egypt at the end of the northern winter. New Zealanders in **Maadi Camp** found the days not unduly hot, but the nights were extremely cold. Men were early advised to keep an overcoat handy on going to bed for use as an extra blanket in the early hours of the morning, and this precaution was found to be almost a necessity. Shaving in cold water at reveille, often before sunrise, was a painful business for many who had been used to the luxury of hot water on the voyage to Egypt.

The unseasoned troops found living conditions somewhat unpleasant during the frequent 'khamseens'—hot winds laden with the dust of the desert.

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<sup>1</sup> English Pattern Indian Patent.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CAMP HOSPITAL ESTABLISHED

### *Camp Hospital Established*

**Much pioneering work had still to be done in the camp and in unit areas, and here 4 Field Ambulance and 4 Field Hygiene Section demonstrated an efficiency and keenness which was later to characterise the work of the medical units of the force in all their undertakings. A Camp Hospital of 100 beds was early established by 4 Field Ambulance, in which patients with infectious and venereal diseases were treated.**

**The hospital began with five large marquees for general sickness, four large marquees for infectious and venereal diseases, and four small tents for administrative purposes. Ambulance members staffed it and built up their knowledge of the care and treatment of the sick. Minor digestive and respiratory system infections were the most common disabilities requiring treatment, while other cases included skin infections and minor injuries. Medical officers were attached as Regimental Medical Officers to the various battalions, field artillery, and other units then in training.**

**This Camp Hospital continued to function throughout the life of **Maadi Camp** and was recognised as a separate unit and given a definite establishment later in the year. Its staff, most of whom were eventually posted to other medical units, fulfilled a very useful purpose in caring for the less serious sick patients from the camp.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## INSECT PESTS

### *Insect Pests*

Flies were one of the chief nuisances of life in **Maadi**. Tougher cousins of the domestic New Zealand breed, the Egyptian flies were bigger, sandy in colour, and born fighters. Many a soldier on parade, driven almost desperate by their bites, preferred to draw the wrath of the sergeant-major by brushing them off rather than suffer their constant attacks. Both from a medical and a soldier's point of view, flies were the troops' worst enemy. Local methods of cultivation and irrigation, together with the flies, made it necessary for uncooked fruit or vegetables to be washed in disinfectant before being eaten. The consequences of neglect were liable to be 'Gippo tummy' or even dysentery. Throughout the first few months in Egypt, 4 Field Hygiene Section worked steadily to improve sanitation and safeguard health.

The spring flooding of the **Nile** added humidity to the desert heat and brought with it the first of the mosquitoes. Nets issued to the men were rigged over their beds from a ring hung in the tent roof, and anti-mosquito cream was also issued as a protection against bites. Another pest introduced into the camp at this time was the bed-bug, brought in by troops returning from duty at the Kasr-el-Nil Barracks in **Cairo**, by Egyptian labourers, or else in furniture from **Abbassia**. Measures taken against these bugs included steam disinfestation, the sprinkling of tents with pyrethrum powder, and dipping bedboards in kerosene. The bites from these bugs and their descendants were to be a torment for many thousands in **Maadi** in the years to come.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HOSPITAL DETACHMENT AT HELMIEH

### *Hospital Detachment at Helmieh*

Strangers in a strange land, many of the 18 First Echelon sisters of the **NZANS** were meeting one another for the first time as they disembarked from different ships on 14 February. Introductions were made as they journeyed to **Cairo**. A cold wind was blowing, seasoned well with smells, dust, and insects. Ever-willing natives with an insatiable desire to carry anything from heavy bags to a handbag, mingled with the beggars crying for baksheesh. These, with the sordid appearance of **Port Tewfik**, did nothing to make the sisters' first impressions favourable. Indeed, it was somewhat in trepidation that they said farewell to their ships, for these seemed the last tangible piece of home. Still, with a ticket in hand and hearts full of hope, they boarded the diesel train to **Cairo**, waited, and wondered vaguely about everything.

There were Egyptians in the carriage, too, and the perfume of the Mystic East, so often read about, seemed to have a decidedly garlic odour, and all were glad of a bottle of lavender water one sister had thoughtfully provided. Those who have crossed the dreary waste of desert between **Suez** and **Cairo** can appreciate that this journey did not alter the impressions first received, but passing camel trains, seen for the first time, and the fellahin in his natural habitat, filled the journey with interest for these new arrivals.

**Cairo** main station, with its seething masses of humanity, would have been bewildering to a degree, but for the presence on the platform of the Principal Matron of the **QAIMNS**,<sup>2</sup> and the Matron and several of the senior sisters of the 2/10 British Hospital at **Helmieh**, a suburb of **Cairo**, to which the sisters of the **NZANS** were to be attached.

A truck took them to the hospital, along with their luggage. This method of transport, through what appeared a modern city, was rather a

surprise to these sisters who, a few short weeks previously, would have considered riding through the streets of **Wellington** on the back of a truck, clad in one's 'Sunday best', not quite done in the best circles. However, with hardly veiled amusement, they clambered in as best they could. Before long they were to become adept at such negotiation, learned to appreciate trucks as truly grand means of transport, and were to travel many hundreds of miles in them. So they arrived at the British hospital that was to be their home for the next five months.

This, a regular Army hospital, was still being run on a peacetime basis, and to these New Zealanders who had come to 'the war' this lovely hospital, with its rather palatial mess, was another surprise. Perhaps, too, somewhat of a disappointment to the sense of the fitness of things. They were quite pleased when the Matron said, 'Your tents are ready'. It sounded right and proper to be living in a tent in wartime.

But what tents these were! EPIP, two sisters to a tent, an Axminster rug beside each bed. The floor, as level as a billiards table, was covered with a tightly stretched tarpaulin. There were white quilts on the beds, oil heaters, a washstand with all accessories, as well as a wardrobe, dressing table, and chest of drawers for each sister. Well-trained *suffragis* wakened them at 6.30 a.m. with a cup of tea, cleaned their tents, filled their hot-water bottles, turned back their beds, and tucked in their mosquito nets in the evening; cleaned their shoes, collected their laundry, and did all the things that help to make life in the Army easy. Though rather surprised at all this luxury, these New Zealanders lapped it up while it was available.

On 15 February three medical officers and 50 orderlies from 4 Field Ambulance, under Maj Tennent, were also detached for duty at 2/10 British General Hospital, to which it had been arranged that all serious cases of illness among the New Zealanders would be sent for hospital treatment. The detachment, with the sisters, was responsible for the treatment of these patients. This arrangement ensured that ambulance orderlies would receive training in actual care of the sick, hospital duties and routine, and would profit by association with members of the RAMC,

experienced in hospital conditions in Egypt. Their training covered nursing, operating-theatre practice, radiology, massage, dispensing, laboratory, medical stores, administrative and general duties. Successive detachments underwent tours of duty at this hospital and the training and experience thus received later provided skilled and efficient staffs for the expanding activities of the New Zealand Medical Services.

Many invaluable lessons for the days ahead were learned by the New Zealand sisters in this hospital, and the experience was one they were to appreciate more with the passing of time. Interest was twofold: firstly, in the work of an Army hospital, secondly, in contact with tropical diseases and conditions. For the New Zealanders, all comparative strangers to Army methods and organisation as well as to tropical diseases, there seemed much to be learned, for the work and manner of working were very different from that with which they were familiar.

Unaccustomed to regimental ways and such clicking of heels, the very strict ward discipline at **Helmieh** was at times somewhat overpowering, and also amusing, for the sisters. War establishments provide limited means and equipment for nursing the sick soldier. The sisters were accustomed in civilian hospitals to every convenience, plenty of china, linen, and enamel ware. They found here that a patient on admission received his requisite kit, which included his 'blues' for convalescence, sheets, pillow-slip, towel, knife, fork, spoon, tin plate, and two bowls, for all of which he was responsible during his illness.

By 9 a.m. each day the ward was ready for the medical officer's round, and this was quite a ceremony. The tidiness was extreme, and even the bed-patients looked as if they were on parade. One could have heard a pin drop during that round, and even if it took two hours, the up-patients stood at attention at the foot of their beds until the medical officer and charge sister had left the ward.

But a medical officer's round was as nothing to the Matron's daily round. Our sisters had always regarded a matron's visit to a ward somewhat in the light of a friend coming to make kindly inquiries

regarding her patients' wellbeing, and to offer advice or assistance in problems that daily arise in any hospital. Now the procedure of preparation was rather staggering. Boots were polished till one could almost see one's face in them, then, with brushes on top, were placed beneath the locker, a sandshoe on either side. Even the lockers looked as if they, too, were on parade. On the lower shelf the blue suit and underwear were folded in correct Army style, making two piles about four inches apart. The top shelf held the towel correctly folded with 'three folds, not two, sister', on top of which the toilet gear was arranged like a window display. On the top of the locker, correctly arranged, was the mess gear, polished by the patients till it shone like mirrors.

But the CO's weekly inspection left our sisters speechless at first, though in time they got used to it all and thought nothing of it. Such a flutter all the morning! Everything was turned out and scoured; then all work was suspended after 10.30 a.m. The CO arrived. With him came the Matron, the OC Medical or Surgical Division, Medical Officer in charge of the ward, the Registrar, company officer, Quartermaster, RSM, and a number of corporals (who never seemed to know quite to whom they belonged). At the ward this retinue was joined by the sister in charge of the ward, and all the other sisters who had not discreetly disappeared, and with them the senior ward orderly. Then followed a searching round the ward, peeping under curtains, into cupboards, and down drains; and if anything was not up to standard, it was the poor senior ward orderly—right at the end of the line—who took all the knocks. After such an inspection it was no wonder the sisters retired to the 'Bunk'—pronounced *Boonk*—as the Duty Room was known, for a reviving cup of tea.

'Equipment' was another word whose meaning these New Zealand sisters learned to know—and how they hated it ever afterwards! The poor charge sister signed on the dotted line for everything, almost to the last pin. 'Rations, and how to make them spin out' was another lesson learnt.

In the Regular Army a soldier lived strictly on his rations—a quantity which, although adequate, seemed a meagre portion to the healthy New Zealanders. It took them a long time to get used to the odd meal hours too. Instead of a substantial evening meal at 5 p.m. such as the New Zealanders were accustomed to, in a British hospital tea is served at 4 p.m. and supper at 6.30 p.m., both small, light meals. Such meals did *not* satisfy the New Zealand patients when they arrived, and, unlike the subdued Tommy, our men soon let it be known that though they did enjoy their dinner—always an excellent meal—they wanted bigger and better teas. One sister tells how, seeing in the kitchen a pile of bread and butter with jam alongside, she blithely took it out to her grateful patients at 4 p.m. Returning to the kitchen with the empty tray, she found a distracted orderly wondering what had happened to the supper he had left on the table. Consternation was acute when it was found she had given out all ‘the supper’ at ‘tea time’. Over the patients’ reactions at 6.30 p.m. when they found that, as far as supper was concerned, they had ‘had it’, one can only draw a veil. **Red Cross** supplies were an invaluable supplementary diet when rations were so limited.

At first their English colleagues were apt to shake their heads over the discipline, or rather lack of it, in these rowdy Kiwi patients who so quickly made their presence felt. However, a friendly tolerance and a mutual understanding quickly developed.

Our sisters learned to prepare food and drinks and to protect them from contamination from dust and flies—a very important procedure in Egypt. Fruit and vegetables had to be soaked in a weak solution of Potassium Permanganate for at least half an hour, and nothing was left uncovered.

Diseases, on the whole, were mild but typical. Malaria, dysentery, sandfly fever, and, of course, the ‘flu’. The special points of nursing each of them were carried out in simple but practical ways, and in a short time the New Zealand sisters were able to deal with anything that came



along.

**PAD <sup>3</sup> exercises and parades were the next schooling. Respirators and tin hats were worn during the alerts and alarms. Sisters looked through goggles and hoped that the all clear signal would soon go so that they could get a breath of fresh air. At night there were strict blackout restrictions—strict with a capital S in those days.**

**Hours of duty varied considerably from New Zealand working hours, but the sisters found there was often time for sightseeing, and every spare moment was spent in exploring **Cairo** and the surrounding districts.**

**So the days passed quickly enough, and the weeks became months, marked by high excitement when mails from home arrived. Perhaps 25 February 1940 will ever be remembered by these sisters of the First Echelon as the red-letter day when their first mail arrived.**

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**<sup>2</sup> Queen Alexandra's Imperial Military Nursing Service.**

**<sup>3</sup> Passive Air Defence.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CAIRO

### *Cairo*

All ranks in **Maadi Camp** eagerly looked forward to their first leave in **Cairo**. The stories of members of the advanced party, and the attractions of that city as outlined by old soldiers of the First World War, had made the new army of New Zealanders anxious to see things for themselves. Most were given the opportunity on their first weekend at **Maadi**. Troops had already been lectured on the out-of-bounds areas, the dangers of venereal disease, the sanctity of the Egyptian tarbush, the need to watch for spurious money, and had also been issued with maps of **Cairo**.

The first leave parties were faced with a march of up to two miles to **Maadi** station, though unit transport was later provided. A quick journey in a fast diesel railcar took troops from **Maadi** to Bab-el-Louk station in **Cairo** for one piastre (twopence half-penny). Outside Bab-el-Louk station they were besieged by bootblack boys trying to earn a few piastres by applying doubtful boot-polish, by unprepossessing pedlars in nightgown-like *galabiehs*, by gharry drivers seeking a fare in their cabs drawn by feeble-looking horses. Guides would offer their services to show troops the sights of the city—the Pyramids, the Sphinx, the zoo, the innumerable mosques, the Citadel, the native bazaars in the Mousky, and the Birket area.

To most, the many wide streets and open midans of **Cairo** became familiar, streets thronged with a cosmopolitan crowd of colourful types and costumes, Eastern and Western or an incongruous mixture of both: the almost invariable red tarbush, the skull cap or cloth band headdress of the poor; the long full robes in white, dark colours, or stripes; the ragged, persistent, little bootblack boys vieing with one another for custom; the shrewd street-vendors of cheap junk and second-rate curios, exuding an odour of garlic and stale sweat. In open café bars around the city, at tables fronting on the pavement, sat portly Moslems sipping

**black coffee and reading the Arabic daily news-sheet or playing backgammon.**

**In spite of fine buildings, theatres, restaurants and shops on a lavish scale, and many evidences of wealth, there was an air of shoddiness about even the city area of **Cairo**. Spreading outwards in all directions were its many crowded slum areas. The native bazaars of closely packed little open stalls in a maze of narrow lanes and alleys, selling every imaginable type of curio, cheap jewellery, cloth and leatherwork, were a profitable source of souvenirs to send home, and the licensed Birket area, a novelty to the uninitiated, proved an unpleasant surprise even to the forewarned. Harsh music emanated into the semi-blackout of the night from tawdry café bars, where dancing partners of dubious attractions lured soldiers into paying high prices for their liquors.**

**Late at night an asthmatic and broken-down old bus would splutter up to the camp and empty out its overload of tired soldiers returning after a day in **Cairo**.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## RECREATION

### *Recreation*

A few soldiers' clubs already existed in **Cairo** when the First Echelon arrived in Egypt. Subsequently others were opened, notably the **Tipperary Club** and **Empire Services Club**. To provide a place of recreation for the troops, the **Maadi Tent** was opened on 24 February in the pleasant environs of that tree-girt suburb. The Tent provided games facilities such as draughts and table tennis, and supplied ice cream, soft drinks, and light meals; concerts for the troops were also held there. It was conducted by volunteers from the residents of **Maadi** and proved extremely popular with the New Zealanders.

Near **Maadi Tent** a swimming bath was constructed for the New Zealand troops. It was built in five weeks and was officially opened by **General Freyberg** on 7 April, when a swimming carnival was held.

In February a camp cinema was opened in a makeshift building in the centre of the camp. 'Shafto's', as it was called by the New Zealanders from the name of its proprietor, showed two sessions nightly and changed its programme each day from its well-worn film library. Admission charges were three, five, and eight piastres, the comfort of the chairs varying with the price. Regular features were the stoppages through breaks in the film, greeted inevitably by howls of derision from the audience.

Tennis and golf players were able to use the courts, course, and equipment of the **Maadi Club**. Rowing facilities on the **Nile** were provided by local clubs in **Cairo** and, later on, the **Cairo Yacht Club** placed its boats and amenities at the service of all those interested. Rugby football and hockey were played by the various units in the first weeks at **Maadi** and an inter-unit Rugby competition was completed during March.

**Every man was expected to take part in some recreation.**

**Committees were formed in each unit to control these sports, arrange matches and competitions, and select unit teams. The sports catered for during the year included cricket, football, athletics, boxing, rowing, tennis, deck tennis, swimming, and baseball. When the hot summer weather became most trying the troops were taken on excursions to such places as the Barrage, the Gezira Sporting Club's grounds, and the Cairo Zoo, where green grass and trees provided welcome relief from the dust and sand of Maadi Camp. On Gezira and Maadi Club grounds troops played and watched many a pleasant game of cricket.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ITALY DECLARES WAR

### *Italy Declares War*

The threat of war with **Italy** brought the prospect of action nearer to the troops of the First Echelon. After almost three months of routine work in their desert camp, the men showed a live interest in the news of tension between **Italy** and the Allies, of the German invasion of **Holland** and **Belgium** and the capitulation of these two countries, and of the blitzkrieg against **France**. There were rumours that **2 NZEF** would shortly sail for **France**. Later in May, the news of the diversion of the Second Echelon also brought with it the inevitable speculations concerning its fate and destination, and rumours of moves to other war theatres.

Believing that **Britain** and **France** could not offer serious resistance, Mussolini declared war against them on 10 June 1940. At Maadi Camp the passive air defence scheme was at once put into effect. Each night at 9 p.m. there was a complete dispersal of troops and transport, the vehicles moving out to prearranged positions in the surrounding desert without confusion or incident, under a rigid blackout. The tents occupied by 4 Field Ambulance were dispersed and dug in, while collective slit trenches were dug and sandbagged. The Camp Hospital's tents were not dispersed, although shelters were dug for the patients and the tent walls were sandbagged. In a dugout on a hill adjacent to the field ambulance area, an operating theatre was provided. This was completely sandbagged and made light-proof.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ESTABLISHING HELWAN HOSPITAL

### *Establishing Helwan Hospital*

Arrangements were made for the NZEF to have its own general hospital at **Helwan**, a village some 18 miles up the **Nile** from **Cairo**. Here civilisation seems to perish on the edge of the desert, where numerous wadis cut their way into the hills. A railway line runs out to **Helwan** from Bab-el-Louk, and over its double tracks thunders what must be one of the most profitable trains in the **Middle East**—the Bab-el-Louk Express. Surely in no part of the world do they pack so many into a train, for the steps, sides, and even the roof of each carriage have their quota of shouting, gesticulating natives.

**Helwan** was a health resort where the idle rich formerly came to take the sulphur baths. Towards the middle of July 1940, the first New Zealand hospital in the **Middle East** was established in the Grand Hotel. The Grand Hotel was a notable old place. Its crumbling grandeur had housed many distinguished visitors. Kaiser Wilhelm was reputed to have spent his honeymoon there.

The hotel was a rambling, stone structure of three stories, with the inevitable flat roof, from which was obtained a fine view of the **Nile** as it wound its way over the desert. It looked more like a streak of bitumen than a river, and the feluccas with their white sails appeared in places to be sailing over a sea of sand. The Pyramids of Sakkara seemed only a few hundred yards away but actually were over ten miles off. Back toward **Maadi** was an escarpment from which the **Tura** caves frowned down upon the **Nile**. It was from these caves that the stones for the Pyramids of Giza were quarried.

When, on 24 July 1940, the Matron (Miss D. I. Brown <sup>4</sup>) and four sisters arrived at the Grand Hotel, tradesmen were busy building, altering, and banging about generally in an endeavour to transform an

hotel into a hospital. Midsummer, with its heat, flies, mosquitoes, and ants, combined with the dust and dirt, made the task of restoring order out of such chaos seem insurmountable. Delay in the arrival of equipment did not make matters easier. On the 26th five more sisters were transferred to **Helwan** from 2/10 British General Hospital, and the work of scrubbing walls and floors, benches and beds continued, and gradually order reigned.

The three floors of the hotel were divided into wards, the administration offices occupying the entrance lobby and part of the lounge. The dining salon, a large ornate room, became the up-patients' dining hall. On Sunday church services were held there, and patients and staff sat in the morning heat with their minds back in New Zealand as the Padre asked a blessing on loved ones far away at home.

Underneath the buildings rambled a group of cellars, admirably suited for housing the many departments that make up a hospital. A visit to the steward's store in those days could be intriguing, for it occupied the hotel's wine and spirits department, and the old labels had not been removed from the shelves. Bully beef tried hard to look important behind such labels as *Contrexevine*, while **Heinz** tomato sauce reposed behind *Kersshuassar* and kindred labels.

The remaining sisters, with the patients from 2/10 British General Hospital and from **Maadi Camp** hospital, were transferred to **Helwan** hospital on 31 July, and from that day the unit began to function as 4 NZ General Hospital, with 300 beds, under command of Maj E. L. Button.

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The 4 Field Ambulance members on detachment at the British hospital were transferred to **Helwan** as a nucleus of experienced staff, so that the hospital might function efficiently pending the expected arrival from New Zealand of a complete hospital unit— **2 General Hospital**, under command of **Col F. M. Spencer**. **Helwan** hospital remained in the possession of **2 NZEF** until the force was disbanded and it became well known to all New Zealand soldiers.



Australian patients, suffering from heat exhaustion, were among the first direct admissions early in August, and Australian medical officers and orderlies helped to augment the staff. The work was hard, because of shortage of staff, and difficulties were many. Lack of equipment, bad drainage, unsuitable cooks, all added to the work, while the number of patients mounted rapidly.

The heat of this first summer in Egypt was trying. The sisters missed the luxury of the British hospital they had left, but were very happy and content, for they felt that at last they were building a hospital that really belonged to New Zealanders. In the heat of August further wards were prepared and opened. The operating theatre block was begun and a start made with installing a lift. When, months later, the lift was finally in working order, it greatly facilitated the moving of patients.

Twelve members of the **QAIMNS** were attached to the staff during August and September and their assistance was greatly appreciated. After the arrival of twelve members of the **NZANS** from **1 NZ General Hospital** in England on 17 September things became less strenuous. Day by day life settled into a more normal routine.

The sisters lived in a villa, a short distance from the hospital, Villa Mafous by name, a big, single-storied old home, with a delightful garden at the back. Gubalieh, a rather charming little villa with a curious old grotto in the garden, was also used as accommodation for sisters until, in later months, it was pressed into use as a ward. Then, as the hospital grew in dimensions and more staff arrived, Villa Levi and Villa Schlom—more commonly known as Corner House and White House—were also used as living quarters by the sisters.

With the development of the hospital in **Helwan**, there sprang up many clubs where the up-patients and staff could while away leisure hours. To New Zealanders the best known was the **Kiwi Club**, situated less than half a mile from the hospital on the edge of **Helwan** township. Established by the **Red Cross** and run by ladies of **Helwan** and **Maadi**, the **Kiwi Club**, from the day of its inauguration (10 August 1940), proved

most popular with the patients and staff and, indeed, with all who were privileged to visit there. A replica of a Kiwi adorned its gates, and in its grounds some brave little garden plots did their best to get the better of that yellow dryness that is Egypt. From the shady, cool seclusion of the long, low-lying club room, made the more restful by the large lounge couches, cane easy chairs, and bowls of fresh flowers, one could drink tea and watch the sun-worshippers playing miniature golf outside. For the patients, especially, it was a pleasant place to pass away hours of inactivity. For the staff, too, it became a popular rendezvous for evening social or dance functions.

The 'Homestead', in the opposite direction from the hospital, was also a popular rendezvous. Here again were much-appreciated comforts to bring relief from hospital life. After some opposition and seemingly endless setbacks, Mrs. Spence, wife of the Rev. G. A. D. Spence,<sup>6</sup> one of the New Zealand chaplains, and her willing helpers, had cause to feel proud of their achievement. Their efforts were appreciated by many a soldier and hospital patient at [Helwan](#).

But the life of 4 NZ General Hospital as a hospital unit was a short one. By September 2 NZ General Hospital was on the way to the [Middle East](#) from New Zealand, and with [1 NZ General Hospital](#) about to leave England for the [Middle East](#) also, the days of the small unit were numbered. So much hard work that beginnings always entail, with so little result to be seen, had been put in by these pioneers at [Helwan](#) hospital. Now, with difficulties almost overcome, they were rather sorry to hand on to others the work they had begun. That their efforts were appreciated is shown in a special tribute to 4 NZ General Hospital by [General Freyberg](#). In a letter to Col MacCormick, DMS [2 NZEF](#), he wrote:

'... I wish to say that I am particularly pleased with the work done in establishing No. 4 NZ General Hospital. I realise that owing to the shortage of staff this work was effected under difficult conditions, and I feel that the present efficient running of the Hospital is a tribute to the high standard of the [NZANS](#), [NZMC](#), and attached personnel....'

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<sup>4</sup> **Matron Miss D. I. Brown, RRC, m.i.d.; born Napier, 24 Apr 1905; Sister, Auckland; Sister-in-charge Camp Hospital, Ngaruawahia, Oct 1939-Jan 1940: Sister-in-charge NZANS, First Echelon, Jan-Jul 1940; Matron 4 Gen Hosp Jul-Oct 1940; Matron 2 Gen Hosp Oct 1940-Jun 1943.**

<sup>5</sup> **Lt-Col E. L. Button, OBE, ED; born London, 9 Mar 1903; Surgeon, Wellington; CO 4 Gen Hosp Jul-Sep 1940; in charge surgical division 3 Gen Hosp, Mar 1941-Oct 1943; CO 1 Mob CCS Oct 1943-Jun 1944.**

<sup>6</sup> **Rev. G. A. D. Spence, OBE, MC, m.i.d.; born Feilding, 8 Feb 1901; Presbyterian Minister, Wellington; SCF 2 NZEF, Apr 1944-Oct 1945; wounded 17 Jul 1942.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 FIELD AMBULANCE MOVES TO WESTERN DESERT

### *4 Field Ambulance Moves to Western Desert*

At the end of August and beginning of September, 4 Field Ambulance, now under Lt- Col P. V. Graves, moved with other New Zealand units to the **Western Desert**, leaving a detachment to run the **Maadi Camp** hospital. One company took over an ADS <sup>7</sup> from 19 Indian Field Ambulance at **Ikingi Maryut**. At **Maaten Burbeita**, on the coast of the **Mediterranean**, about 30 miles east of Mersa Matruh, HQ Company prepared an MDS <sup>8</sup> to receive patients from surrounding units ( **4 NZ Infantry Brigade** and British units). Much hard work was done by all ranks in setting up the MDS—a totally different layout from what was visualised in previous Territorial training and the RAMC manual. The terrain was desert sand—a barren waste separated from the coast by white sandhills with much solid rock underground—and arduous work with pick and shovel was necessary to provide protection from air attack for patients and staff. Accommodation was provided for 58 patients in three marquees, well dug in. Strict economy was necessary in the use of water, which was drawn from **Maaten Baggush** oasis.

After five months in Egypt, New Zealanders in forward positions in the **Western Desert** felt that the term ‘on active service’, with which their letters home had been headed since leaving New Zealand, at last had some meaning. The enemy air force made frequent day and night attacks on troops, camps, and supply dumps in the **Western Desert** and on the railway line from **Alexandria** to Mersa Matruh. Bombing raids were almost part of the daily and nightly routine for the men stationed at Mersa Matruh, but these air attacks did little damage. The planes glided in from the sea with engines cut off, released their bombs at 10,000 feet, and then started their engines and ‘hared back’ over the border.

The thousands of square miles of desert between the **Nile Delta** and

the Egyptian frontier held a community that was unique. Moreover, in some respects the country seemed designed for warfare. There were neither villages nor farms to be destroyed. Long ago nature had scorched the earth. Nomadic Bedouin groups were the sole inhabitants. Later, as preparations were made for battle, they folded their tents and, driving their camels, donkeys, and goats before them, moved away over the horizon.

On 13 September the Italians pressed their advance beyond the frontier to the village of **Sidi Barrani**, 80 miles west of **Matruh**. Before their much larger force the British gradually withdrew to prepared defences at Mersa **Matruh**. On 15 September, in consequence of an air raid the previous night, a number of casualties, all British, were admitted to 4 MDS for treatment.

The role of **4 NZ Infantry Brigade**, together with various British and Indian units under command of 4 Indian Division, was to defend a perimeter around **Maaten Baggush** and **Maaten Burbeita**, with HQ Company of 4 Field Ambulance establishing an MDS for the area. A route of evacuation for casualties was established by unit ambulances to the ambulance train at **Sidi Haneish** station, and thence back along the lines of communication to CCS at **El Daba**, General Hospital at **Alexandria**, and, for New Zealand cases, 4 General Hospital at **Helwan**. By 18 September the ambulance held 31 patients, and by the end of the month there were 64. The possibility of evacuating casualties by air was explored by the ADMS, and it was reported that although all senior medical officers were in favour of air evacuation of certain special cases from forward areas, the **RAF** considered that the scheme was impracticable because of maintenance difficulties, the need for protection of ambulance planes, and the problem of preparing suitable landing grounds near the front.

The training of A Company, which had rejoined the unit from **Ikingi Maryut**, was pushed ahead with all speed, since there was ample evidence that events were rapidly moving towards full-scale operations

against the Italian forces well within the frontier of Egypt. Most was made of the opportunities for giving sections some training under mobile conditions with battalions of the brigade group.

At the beginning of October several additional medical officers were posted to 4 Field Ambulance, while 37 members of B Company rejoined the unit when **2 General Hospital** took over the hospital at **Helwan**.

Developments in the **Western Desert** made it apparent by 13 October that the British offensive might begin at any time, and the opportunity was taken to send all the officers and many NCOs and men of the unit to forward areas for reconnaissance.

As a result of an enemy bombing raid on the oasis of **Maaten Burbeita** during the evening of 19 October, the unit suffered its first casualties. One driver was killed and three other drivers severely wounded, one of whom later died.

During October 634 patients, British and New Zealand, were received and evacuated by 4 Field Ambulance. On 7 November all the British patients were transferred to a British field ambulance which had opened in the neighbourhood. The hospital work of the unit was thus cut by half. More intensive field training was immediately begun, the three companies of the unit performing hospital duties in rotation.

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<sup>7</sup> Advanced Dressing Station.

<sup>8</sup> Main Dressing Station.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WAVELL'S OFFENSIVE BEGINS

### *Wavell's Offensive Begins*

On 9 December 1940, British and Indian troops and elements of 6 Australian Division began an offensive against the Italian forward positions in Egypt with very marked success. The Italian forces were driven into general retreat leaving thousands of prisoners, including casualties. When the offensive began, adjacent British ambulance units moved forward to establish advanced dressing stations to deal with the wounded, leaving 4 Field Ambulance MDS at **Maaten Burbeita** as no New Zealand combatant units were actively engaged.

It was a bitter disappointment to the New Zealanders when, in late December, they handed over their transport to the Australians who were on their way forward to open the second phase of the first Libyan campaign. During 1940 the New Zealanders had trained hard, looking forward to the day when they would take their part in the drive westward against the Italians. The diversion of the Second Echelon to the **United Kingdom** had delayed the plan for forming a complete New Zealand division in the **Middle East**, and until that was done the New Zealanders were not permitted to take a combatant part in the campaign.

During their stay in the **Western Desert** the troops had ample opportunity for sea bathing on a pleasant beach only a short distance from the 4 Field Ambulance lines. The climate was more invigorating than near **Cairo** and the men felt much fitter. Unit funds, whose use had previously been restricted, were made available to buy extra rations from the **Naafi** at **El Daba**, from the Australians, and from **Alexandria**. This was due largely to Padre Bicknell's <sup>9</sup> efforts; before New Zealand **Red Cross** comforts began to arrive, he was also able to obtain supplies from the British **Red Cross** for patients in hospital at **Baggush**. Recreation facilities in the desert were limited, but games of football were played and community singing and band programmes enjoyed; there were also

concerts by neighbouring units, some of the artists later becoming members of the **Kiwi Concert Party**. The highlights of life were the days when air mail and parcels arrived from New Zealand.

Christmas Day was celebrated in a happy spirit by all ranks of 4 Field Ambulance. Extra rations had been provided, gift parcels from the New Zealand Patriotic Fund Board had been distributed, and unit cooks excelled all their past efforts. Then, early in the New Year, the unit prepared to move back from **Maaten Burbeita** to **Helwan Camp**.

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<sup>9</sup> **Maj N. E. Bicknell, m.i.d.; born Melbourne, 11 Jan 1904; Salvation Army officer, Wellington; wounded 13 Dec 1942.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MAADI BECOMES BASE CAMP

### *Maadi Becomes Base Camp*

**Maadi** had now become Base Camp only, and all divisional units were concentrating in the desert camp at **Helwan**, recently vacated by 6 Australian Division, which had moved to the **Western Desert**. While units of 4 Infantry Brigade had been in the **Western Desert**, the Third Echelon had arrived in Egypt from New Zealand, bringing 6 Field Ambulance and 2 **General Hospital**, and 1 General Hospital had also arrived from England. New units had grown up. A **Base Hygiene Section** was formed under Capt M. **Williams**,<sup>10</sup> the office staff of the DMS (Col MacCormick) grew as HQ **2 NZEF** developed, and a **Medical Stores Depot** was established under **Capt G. Peek**,<sup>11</sup> who remained in charge of it throughout the war.

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<sup>10</sup> **Lt-Col M. Williams**; born **Masterton**, 29 Jan 1910; Physician, **Wellington**; Medical Officer, Engineers, Oct 1939-Sep 1940; DADMS **2 NZEF** Oct-Dec 1940; OC Base Hyg Sec Dec 1940-Jun 1941; OC 4 Fd Hyg See Jun 1941-Jan 1942; 5 Fd Amb Jan-Aug 1942; 1 Gen Hosp Aug 1942-Jun 1943; in charge medical division 4 Gen Hosp (**Pacific**) Sep 1943-Aug 1944.

<sup>11</sup> **Maj G. Peek**, m.i.d.; born **Christchurch**, 22 Sep 1891; Inspector of Explosives, **Christchurch**; Lt QM 2 Gen Hosp 1940; OC **Medical Stores Depot** Oct 1940-Feb 1946.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CONVALESCENT DEPOT

### *Convalescent Depot*

**The Convalescent Depot, which had left England in August 1940 and reached Egypt in September, took over on 12 October a convalescent depot at **Moascar** which had been run for British troops. The depot was pleasantly situated near the **Suez Canal** and accommodation was in Army barracks and huts. There were ample mess rooms and recreation rooms, several tennis courts, and bathing in **Lake Timsah**, as well as boating and launch trips. It was a very suitable place in which patients from hospital could build up their health and strength before being posted back to their units. The unit had 500 beds at **Moascar**, and the 379 British patients there when the New Zealand unit took over were gradually replaced by New Zealanders. Lt-Col Tennent took over the command shortly after the unit became established.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 2 GENERAL HOSPITAL ARRIVES

### *2 General Hospital Arrives*

On the morning of 1 October 1940, the members of **2 General Hospital** on the *Ormonde* at **Port Tewfik** picked their way cautiously down the gangway with their equipment. A train took them on a four-hour journey to **Maadi** siding, which they reached as darkness fell. A route march in the darkness brought them into **Maadi Camp**. The nursing sisters continued on in the train to **Helwan**, where they took up residence with the sisters of **4 General Hospital**, to which unit they became attached for duty.

Immediately on their arrival it was arranged that the staff of **2 General Hospital** should take over the **Helwan** hospital and release those members of **4 Field Ambulance** and **1 General Hospital** who were running the hospital. The transfer began on 4 October and was completed by the 8th. From that date **2 General Hospital** functioned as the Base hospital at **Helwan**, with **Col F. M. Spencer** as CO, Miss D. I. Brown as Matron, and Miss M. Chisholm,<sup>12</sup> Assistant Matron.

At the change-over certain key men of the staff of **4 General Hospital** stayed on for three weeks while the new arrivals became accustomed to the strangeness of the country and its ways. Theory had to be put into practice, and the conditions of work differed considerably from those which had been visualised. However, the members of the unit rapidly adapted themselves to the new conditions. Life was certainly busy, for there was much scrubbing and cleaning to be done. Workmen were still everywhere, spreading brick dust and cement over freshly scrubbed surfaces. A cheerful courage was needed, for the midsummer heat was enervating to a degree, and nature's small pests were trying to the most equable tempers.

The hospital filled rapidly with many medical cases—mostly very ill

dysentery patients, for these were the days before sulpha-guanidine drugs—consequently nursing duties were heavy. The number of patients in hospital on 8 October was 428, including 85 Australians, and the equipped beds 477. During the month new wards were opened over the dining hall and in the north wing to raise the number of equipped beds to 559. The unit thus settled in to steady work immediately on its arrival in Egypt.

Specialist advice at the outpatient department was freely sought by other forces in the area. During October 367 outpatients were seen, including 144 from a brigade of 6 Australian Division at [Helwan](#).

With the increased nursing staff, it was possible for the sisters of the First Echelon to take leave. They appreciated the opportunity for a rest, for they had worked hard under trying conditions.

The Moslem season of Ramadan was celebrated during October. During this period the native population fast during the day and eat only after the firing of guns at sundown. On the first night this gunfire was most disturbing to the sisters of [2 General Hospital](#), who wondered if the enemy was not nearer than they had imagined. They were relieved to find that, though they were prepared to be brave, there was no cause for alarm. Oft-repeated calls to prayer from the mosque (aided at times by sturdy echoes from the men's quarters nearby) became very wearying, too, after the novelty had worn off a little. The season of Bairam followed, and the village was gaily decked with streamers and bunting.

Air-raid warnings were nightly occurrences, and on occasions the bombing was not far away from the hospital area. PAD exercises became a regular routine. The sisters quickly adapted themselves to this new life in a military hospital and by the end of the month were well established. November passed rapidly, and with the cooler weather work seemed lighter and easier.

Gradually the constructional work at the hospital was completed. The new operating-theatre block—a spacious, well-lit block, built on the

existing sun roof of one of the wings of the hotel—was opened in December. It was modern in design and well equipped. Other departments such as Dental, Laboratory, X-ray, etc., were established also, and the unit became a self-contained, well-organised Base hospital by the end of the year.

The easing of work in November was fortunate as the hospital was thoroughly prepared for the influx of wounded and sick from the first British offensive in the **Western Desert**. Three convoys brought in over 300 patients between 14 and 18 December—British and Australian troops and Italian prisoners. The admissions went smoothly. Within two and a half hours of the arrival of a convoy of 180 men in ambulances from the hospital train at **Cairo** main station, all patients were in bed between clean sheets after their long journey from the 'Blue'. Later the patients would be heard chatting about some of their experiences, saying with a grin to the orderly, 'Hell, you should have seen them running'. Of the battles which went on into the New Year and which brought many Australian patients, the hospital staff had but a dim picture, but all were busily employed looking after the sick and wounded from the battlefield entrusted to their care.

Splendid co-operation between the surgeons and the other medical officers, and excellent work on the part of the staff, enabled the two operating theatres and plaster-room to function simultaneously and smoothly. It was fortunate that the new theatre block had been completed and equipped. With the experience thus gained, the surgical staff felt able to cope with any subsequent influx of wounded without worry. During the campaign 215 Italian prisoners were admitted—they were mostly exhaustion cases.

Christmas in all the New Zealand hospitals in their years overseas was always a notable and happy occasion. The hospitality of the people of **Cairo** and **Maadi**, both Egyptian and European, was a great help in making Christmas Day as bright and cheerful for the patients as it could possibly be under war conditions in a foreign land. Entertainment at **Maadi** on Christmas Eve, at the Gezira Club on Christmas afternoon,

and at the **Kiwi Club, Helwan**, on Boxing Day afternoon, were three big events for the up-patients. A band and orchestra helped to bring cheer to those not well enough to leave their beds.

By good fortune parcels from New Zealand arrived a day or so before Christmas and were ready for distribution to patients and staff on Christmas morning. In addition, **Lady Lampson's British Red Cross Committee** provided a parcel for every patient in hospital. There were also gifts of food, fruit, and flowers from many other local people. One present deserves some reference—that of the **Helwan Mamur** (Chief of Police) and his officers. About mid-day on Christmas Eve, three turkeys bedecked with ribands were paraded on the hospital terrace, as if acting guard over a crate of oranges and armfuls of greenery. They had been brought as a gesture of goodwill from the local police force. Christmas dinner provided the final festive touch, the fare and its cooking being most favourably commented upon by all.

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<sup>12</sup> Principal Matron Miss M. Chisholm, RRC; born **Masterton**, 23 Oct 1902; Sister, **Wellington**; Sister-in-charge Camp Hospital, **Trentham**, Oct 1939-Jan 1940; Charge Sister 4 Gen Hosp Jul-Oct 1940; Asst Matron 2 Gen Hosp Oct 1940-Apr 1941; Matron 3 Gen Hosp Apr 1941-Nov 1943; 1 Gen Hosp Dec 1943-Aug 1944, Feb-May 1945; Principal Matron May-Dec 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ARRIVAL OF 1 NZ GENERAL HOSPITAL

### *Arrival of 1 NZ General Hospital*

While **2 General Hospital** was becoming established at **Helwan**, **1 General Hospital** arrived in the **Middle East** from England. The six weeks' journey on the liner *Georgic* had been without untoward incident, and on their arrival the staff were stationed at **Helmieh** garrison to establish their unit on part of the old camp site of **1 NZEF** in 1915. To the green wooded land of their previous hospital, this was a direct antithesis.

A long, narrow corridor of desert sand, adjoining the **Helmieh** garrison, was the hospital site; it was near the British hospital that had been the home of the First Echelon sisters. A flat, drab piece of desert, with a few wooden buildings and some rush huts, it was cut off from the desert proper by barbed-wire entanglements. Beyond was vast desert with a few clusters of nomads' huts, made from rusty petrol tins and looking more like homes for fowls than for humans. Black-robed women and ragged children tended their herds of goats or fowls, watching them scratch a living off the barren ground. At night the jackals roamed in packs and rent the air with their dismal howls, and wild desert dogs barked and fought.

In the desert, where for nine months of the year a burning sun beat down from a sky unrelieved by clouds, the wind, at times like a blast of air from an oven, blew swirls of sand into the air, filling eyes and mouth with fine grit. The desert was yellow as far as the eye could see and full of insanitary smells and flies. Flies, as persistent as the glare, attacked the eyes, nose, and mouth. But with the setting of the sun the muddy yellow took on magical lights and shades, from a soft purplish haze to rose pinks and warm yellow ochre. The sand threw out a welcome chill; energy flowed back into sluggish veins; optimism and *joie de vivre* again appeared, until sandflies and mosquitoes came to disturb the peace.

**It was here that the unit established a tented and hutted hospital, quite attractive except in the heat. The hospital began to function on 15 December.**

**Tents were all dug down about four feet, and two mud-brick walls were built round them—a lower inner wall to hold back the sand, and an outer wall four feet high to protect patients during air raids. The bricks were built of Nile mud and straw, just as in Biblical times, and were made on the spot and dried in the sun. The narrow, sloping passage-way leading down into the tents was a good place for practising sliding, but it all depended on what one might be carrying whether the slide was appreciated. The huts, built on the frail framework of old rush stables, were enclosed in a mud-brick wall up to four feet, with rush and plaster walls above. A duty room and kitchen was bricked in inside each hut, in which were housed more serious cases.**

**The tented wards for the lighter casualties were made up of two large marquees, holding up to thirty or forty patients each. They were joined together in the centre by a small square tent, used as a duty room, the whole forming an H. In the centre was a large concrete slab, which served as a bench and a place to keep primus stoves, the only means of boiling water for sterilising or for tea.**

**This little tent was the centre of the work of the ward. Here sisters read and wrote reports; here were kept all the patients' reports and papers, stacked in order. Orderlies struggled with primus stoves. All military primus stoves seemed old and worn, even on the day of issue, and it was a work of art to get a primus to burn properly. It was not uncommon to see a perspiring, cursing orderly tinkering away at a primus with a bent pin—the pricker always being missing—scraping away great chunks of soot, then pumping madly; all the while being offered advice—not always helpful—by an equally perspiring and inwardly cursing sister, who no doubt was anxiously waiting to get on with her treatments or longing for her morning cup of tea. Sometimes the whole concern burst into flames and, as tents are most inflammable,**



**the primus would be flung out into the sand for safety.**

**In this little tent the sisters set their dressing trays and sterilised their instruments. Here the meals were served when the trucks brought them from the main kitchen with the cry of 'come and get it'. At the tapless sinks the dishes were washed, then stacked away in a cupboard in the corner. It was certainly a utility tent, everyone working in together at different tasks.**

**There was no electric light, no paths, no water laid on, kerosene being the only means of lighting and heating. All water had to be carried; hot water was supplied by soya stoves outside the wards. These stoves were stoked with wood or cotton-seed blocks and had to be filled and emptied by bucket. All was carrying, carting, and lifting in those pioneer days.**

**To be a good orderly a man needed to be a jack-of-all-trades. For ten hours a day he swept and cleaned wards, sponge-bathed patients, and attended to their wants; he acted as transport mule and carted all day across the pathless compound in the glaring sun; he carried large bundles of soiled linen to the linen store; brought back from Ordnance the weekly ration of soap, kerosene, and spirit; went to the main kitchen for morning and afternoon tea for the patients; carried stretcher patients to theatre or X-ray; and was at the sisters' and patients' beck and call always. In between times he managed to do quite a lot of scrounging on the sly, and the ward benefited by the many needful extras thus obtained.**

**From the time the first patients were admitted the sisters did the work that sisters usually do. They washed and tended their patients, made their beds, dressed their wounds, gave out medicines and injections, filled in papers and kept records. They tried their hand at amateurish carpentry, and made shelves and other necessary bits and pieces. They found the patients a grand crowd, those hardy men sweltering in the dry heat that beat down upon the canvas. Used to working and fighting in the midday sun, they took the heat for granted**

and ate, slept, or played cards, talked or sang, and were quite happy.

Sisters lived in tents, too, quite spacious, with three sharing each. They made handsome tallboys of boxes, wardrobes of rope and poles, deriving much pleasure and satisfaction out of their improvisations. During the Christmas season everything was done to make the time a happy one. The tented wards were decorated with balloons and streamers, with plants and flowers procured from the old native vendor who was allowed to enter the domain with his donkey and cart. 'Old George' was quite a personality about the place, with the characteristic native ability to remember everyone. Carols were sung on Christmas Eve; under the cold and starry sky one could not but feel inspired, and the Old Story seemed very real, true, and near.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

EARLY 1941

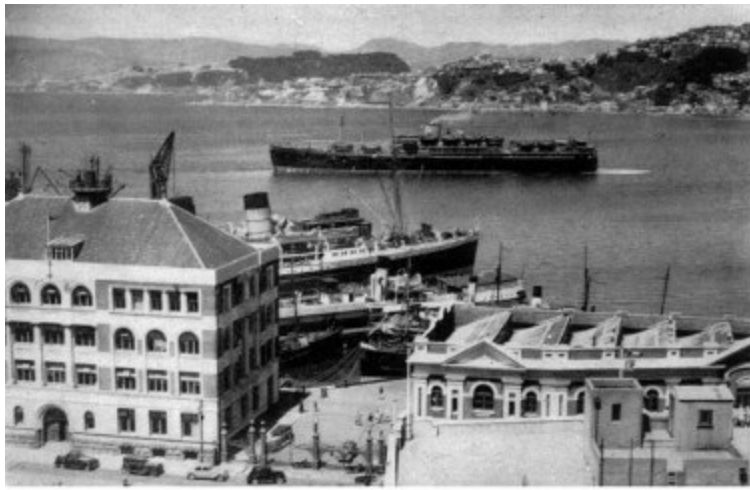
## *Early 1941*

January 1941 proved an exceptionally busy month for **2 General Hospital** at **Helwan**. From the sieges of **Bardia** and **Tobruk** large convoys of Australian patients were received. **1 General Hospital**, then establishing itself at **Helmieh**, had not yet been able to open its operating theatre and surgical block, with the result that all serious lying cases went to **2 General Hospital**. This meant heavy work for the nursing staff, but they coped with it well, and valuable surgical experience was also gained. More Australians than New Zealanders were admitted during the month—426 against 416. As cases reached the convalescent stage they were transferred to **1 General Hospital** or to **1 Convalescent Depot**. By 31 January the patients in **2 General Hospital** had reached a total of 656.



*4 Field Ambulance training at Burnham, 1939*

*4 Field Ambulance training at **Burnham**, 1939*



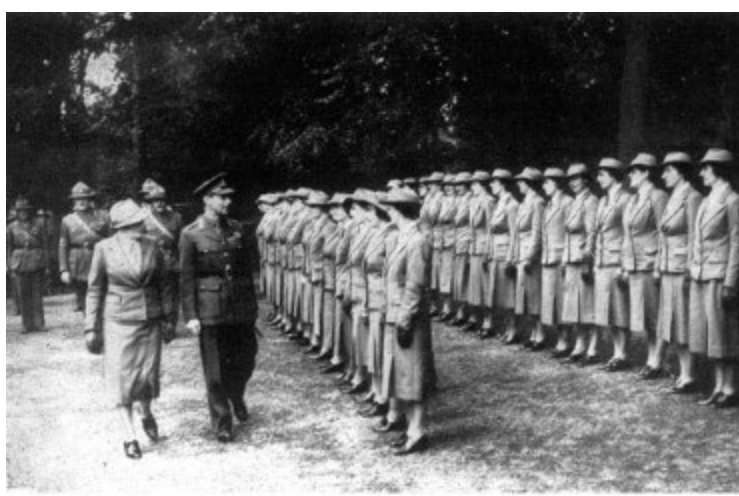
*The Dunera leaving Wellington, January 1940, en route to Lyttelton to embark First Echelon troops, including 4 Field Ambulance*

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*1 NZ General Hospital entrance, Pinewood, England*

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*His Majesty the King inspects Sisters from 1 NZ General Hospital at Mytchett. With him is Matron Miss E. C. Mackay*

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One result of operations in **Libya** was a reduction in the number of air-raid alarms at **Helwan**. There was only one alarm in six weeks and that was short and of little consequence.

The Australians were admitted until 25 February, when 90 were transferred to Australian general hospitals. This left 38 Australians at **Helwan** who were not fit for the journey. On 13 February Mr. R. G. Menzies, Prime Minister of **Australia**, inspected the hospital and spoke to Australian officers and men, later mixing with convalescent patients at the **Kiwi Club**.

On 31 January Miss E. M. Nutsey <sup>13</sup> arrived in the **Middle East** as Matron-in-Chief **2 NZEF**. She was made very welcome, for all were genuinely pleased to have a Matron-in-Chief for our overseas force. For a time she was temporarily attached to **2 General Hospital**, but later moved to her own flat at **Maadi**.

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<sup>13</sup> Matron-in-Chief Miss E. M. Nutsey, MBE, RRC, ED, m.i.d.; born **Christchurch**, 9 Jun 1887; Lady Superintendent, Auckland Hospital; **1 NZEF** 1915-19, Staff nurse, Egypt, 1915-16; Sister, England, 1916-19; Matron-in-Chief **2 NZEF** Jan 1941-Nov 1943.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HELWAN CAMP

### *Helwan Camp*

After its return by road from **Maaten Burbeita** to **Helwan Camp** in January, 4 Field Ambulance found 6 Field Ambulance running the Camp Hospital.

**Helwan Camp** was mainly tented. The few huts in the hospital area were used as orderly room, quartermaster's store, and for cooking and messing, and both hospital wards and appointments and the unit's sleeping quarters were in dug-in EPIP tents. Men could get beer or soft drinks from the **Naafi** canteen, tea and cakes from the New Zealand **YMCA** or the large hut run by the **Salvation Army**, or see a nightly screening of resurrections from Hollywood at a camp cinema. **The Salvation Army** hut also provided a reading and writing room, a small library, and occasional entertainments. It was neither a particularly active nor a particularly entertaining life for most, but there were at least a few amenities about the camp, the hospital work was new, and **Cairo** was less than an hour's run away.

The opening of the **New Zealand Club** in **Cairo** on 5 February 1941 provided a much-appreciated centre for those on leave. This club, which was to prove such a boon to all New Zealanders, was particularly appreciated by the sisters. Comfortable lounges where one could relax and drink tea in comparative coolness, or eat ice-cream and fruit salad, were havens indeed. The club was open to all nursing sisters of the Allied forces and was much used by sisters from other countries. At times one could feel quite a stranger in one's own home; but many interesting people were met and lasting friendships made there. The New Zealand Club was a recognised meeting place for all ranks when in **Cairo**.

Early in 1941, for the first time since its arrival in Egypt, 4 Field Ambulance was released from the responsibility of maintaining a camp

hospital. Previous arrangements had been made for leave for members of **2 NZEF** in **Palestine** and **Alexandria**. Members of the unit were now able to take advantage of these arrangements, and at this and later stages enjoyed a pleasant change from life in the desert. At **Alexandria** one could appreciate civilian surroundings as contrasted with Army life. There were cinemas and service clubs and good bathing from the beaches towards **Sidi Bishr**. In **Palestine** interest lay in the Biblical and historical associations of Jerusalem, Bethlehem, **Nazareth**, the Sea of Galilee, **Tiberias**, **Haifa**, Mount Carmel, and in the modern Jewish city of **Tel Aviv**, peopled by many a refugee from **Europe**. The contrast in life and outlook of the Arab and the Jew was marked, and the men took much interest in the communal farm settlements of the Jews.

By March the rush of work at the hospitals had slackened to a marked extent. The offensive in **Cyrenaica** had come to a halt, the Division had left for **Greece**, and the hospitals were serving troops from **2 NZEF** Base only. The easing of work in the wards enabled the staff to relax to some extent, and advantage was taken of the quieter spell to get some of the members of the units away on leave. They, too, made their way to **Cairo**, **Alexandria**, and **Palestine**.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 3 GENERAL HOSPITAL REPLACES 1 GENERAL HOSPITAL

### *3 General Hospital Replaces 1 General Hospital*

On 20 February 1 General Hospital received word that the whole establishment was to be prepared to move at 48 hours' notice. Immediately, patients were transferred or discharged, and packing began. An amendment to the movement order, instructing that members of the **NZANS** should not go with the unit, was a blow to the sisters, and they were not a little envious and disappointed when the rest of the unit left **Helmieh** on 6 March for an unknown destination. However, they were left at **Helmieh** only a short time, and on 25 March they embarked at **Alexandria** en route to rejoin their unit—on the way to adventure and experience none were ever to forget. The day the sisters left **Helmieh** for 'destination unknown', 3 General Hospital arrived in the **Middle East** with the 3rd Section, 4th Reinforcements.

Members of 1 General Hospital had felt a little sorry to have to leave the scene of so much formation work without an opportunity to function as a fully equipped hospital. The tented hospital was completed and the hutted section nearly finished. Electricity had been connected to the tents, and the operating theatre was nearly ready for use, after a prolonged period of construction due to the 'go slow' policy of native labour. Towards the end of March the hospital was taken over by 3 General Hospital, the tents having been left in position.

Miss M. Chisholm, Assistant Matron at **2 General Hospital**, was appointed Matron of 3 General Hospital and took up her new appointment on 14 April.

Through weeks of stifling heat, 3 General Hospital worked to repair damage done by a khamseen and to develop the hospital area further. A comprehensive drainage system was completed and water was laid on to all wards. Roads and paths were extended and improved, making it



possible to move patients on trolleys from one part of the hospital to another over a smooth surface. This meant increased comfort for the patients and easier work for the staff.

The theatre block, built of brick and comprising three theatres, a plaster-room, X-ray department, massage department, work rooms and sterilising rooms, had now been completed. With the equipping and staffing of the theatre finished, it was possible for all types of surgical work to be undertaken. The hospital had already been functioning on the medical side for some weeks and, when the time came to receive patients from **Greece** and **Crete**, was ready to meet all demands placed upon it.

In the hospital grounds just as much was accomplished. Along the roads and pathways between the wards scores of trees, chiefly flamboyants and gums, were planted. Where once was desert there now flourished a hospital which compared very favourably with any of its type in the **Middle East**, and one of which New Zealand might well be proud. Trees, flowers, and lawns now softened the dazzling glare of the sand. A rustic summer-house, centrally situated, looked cool and offered rest to the weary. The New Zealand flag, kindly given to the hospital by the ladies of **Waikato**, flew bravely over what had become a garden hospital, but which was soon to receive some of New Zealand's sons as battle casualties.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 4 – WITH THE SECOND ECHELON

## CHAPTER 4

### WITH THE SECOND ECHELON

IN Britain in the hour of greatest danger was the Second Echelon. It arrived in June 1940, shortly after **Dunkirk**, and stayed until the end of the year.

When the troops disembarked on 17-19 June and the troop trains passed slowly through Clydeside, the spontaneous and exuberant welcome from the sturdy Scots of all ages warmed the hearts of the New Zealanders. The same welcome was extended all along the line as they made their way south to **Aldershot**. Edinburgh provided hospitality at the station, as also did Banbury Cross.

**Scotland** as the men saw it in the middle of a smiling June was a country somewhat akin to their own, but with an air of solidarity and permanence. England in the soft sun of a late afternoon presented a panorama of field, wood, castle, and town. The industrial areas were a hive of activity, surrounded by smoke and grime. The rural countryside was well cropped.

The medical units, 5 Field Ambulance, I General Hospital, and 1 **Convalescent Depot**, settled into quarters at **Ewshott**, a welcome change from shipboard life. **Ewshott** will always be remembered by many members of the medical units. In the first few days the ration supply was very erratic and cabbage became the mainstay of their diet, being served up in many forms till full rations were available. Otherwise, all memories of the district are pleasant.

From Aldershot the Matron, Miss E. C. Mackay, <sup>1</sup> and the sisters travelled by bus to the quaint old village of Warnborough in Hampshire, about twelve miles to the south. Seven of the sisters were billeted at 'The Lodge' with Mrs Alberta McLean, a former resident of New Zealand, and the rest with kindly village folk.

After a few days in camp the New Zealanders were given their first

leave, travelling to **London** in a fast electric train. Going to **London** was an experience not to be forgotten: from one side of the carriage could be seen miles of chimney pots and small, closely packed houses placed back to back in certain areas; from the other side one got occasional glimpses of world-famous buildings—St. Paul's, the Houses of Parliament, and many others. Waterloo Station was impressive for its size and network of railway lines, with a constant bustle of trains arriving and departing beneath the huge glass roof. A short journey on the underground to **Charing Cross** brought the sightseers to the heart of **London**. At first it was hard to realise that there was a war on until one noticed the sandbagged windows and the notices pointing to air-raid shelters. Talking with the people, then and later on when bombs began to fall, one realised what sacrifices many were making and what little chance **Hitler** had of breaking their morale. Members of the units took trips up the **Thames**, saw the Tower of **London**, Westminster, Big Ben, **Piccadilly Circus**, **Oxford Street**, Hampton Court and the Zoo, and marvelled at the Tube trains.

Near the camp at **Ewshott** were plantations of the Scots pine and larches, and mixed forests where ashes, birches, rowans, and elms abounded. It was an easy matter in the long summer evenings to gather blackberries, and the public-spirited labours of a few volunteers provided an occasional blackberry pie. The country inns were popular rendezvous. The social aspect of drinking impressed our men. Inns looked more like private houses than business premises; outside were hung names less prosaic than in New Zealand—The Jolly Farmer, The Shepherd and Flock, The Barley Mow. Inside, the inns were more like a club where darts, 'shove a penny', and other games of skill were played, and a glass of beer drunk unhurriedly.

The New Zealanders found that England was not dying on its feet, as had been rumoured, but that it was a country of courageous civilian communities, who met the blatant self-assurance of some of the Anzacs with a kindly display of courtesy, interest, and hospitality. Great men and cottagers alike opened their hearts to the wearers of those strange

hats, and the **London** Press lauded these distant kinsmen.

The threat of invasion hung over England; to fit themselves for the active role they had been allotted should it come, the troops of the Second Echelon worked day and night. Their morale was high even if they were short of equipment. The New Zealand troops were inspected on 6 July by the King, who showed the greatest interest in the training of the various units. At the conclusion of the inspection he requested that an order be issued telling the men that he had enjoyed being among New Zealanders again and had been impressed by their fine physique, keenness, and determined demeanour. Six of the sisters had the honour of lunching with him in a marquee—a simple wartime meal, but capped with luscious raspberries and cream. All were impressed by His Majesty's amiability, and he particularly complimented the sisters on their grey uniforms.

### *1 General Hospital at Pinewood*

As soon as the location of the New Zealand force was definitely fixed as the **Aldershot** area, the ADMS **2 NZEF**, Col K. MacCormick, approached the head of the Emergency Medical Service in the **United Kingdom** for hospital accommodation. This he was given in a new hutted hospital at Pinewood Sanatorium, near Wokingham, some ten miles from the main New Zealand camp. In the hutments 100 beds were set aside for sick New Zealanders, and, in addition, 70 beds in the sanatorium buildings were to be available for New Zealand casualties. New Zealand medical officers were to be available for work in the Sanatorium if required by the Medical Superintendent. All other arrangements for the running of the hospital were suitably completed with the indispensable co-operation of the EMS authorities, whose established services were largely used. Final administrative questions were settled with the **London** County Council, owners of the Sanatorium, who supplied all food, drugs, and dressings, while the Ministry of Health was responsible for all other equipment. As the possibility of enemy attack became imminent, **1 NZ General Hospital** made immediate

**preparations to take over the allotted buildings and receive patients.**

**A first step in the setting-up of the hospital was taken on 26 June 1940, when the CO, Col McKillop, and an advanced party, moved to Pinewood. A further party comprising the Registrar and 20 other ranks moved over from **Ewshott** on the last day of June to assist in staffing the hospital. By then 72 beds had been made ready and two patients had been admitted. The remainder of the unit arrived at Pinewood on 2 July.**

**The hospital was pleasantly situated in a plantation with trees right up to the hospital entrance. The huts each accommodated 36 beds normally and 42 in an emergency. Each had a kitchen, storeroom, baths, lavatories, and heating. There were also a well-appointed theatre and X-ray block, cubicles for 36 nurses, dining and sitting rooms for nurses, and a kitchen block. Administrative quarters were improvised in a cottage, as normally the hospital would have been administered from the Sanatorium. The men were accommodated in billets at Edgecumbe Manor, a mile and a half away, and the officers and sisters occupied unfurnished wards. This was not very convenient, but the unit was fortunate in securing any accommodation at all. The housing of British, Canadian, Australian, and New Zealand forces gathered for the defence of the **United Kingdom** placed a premium on all available buildings. Some of the staff were accommodated in tents. The officers moved into East Hampstead Cottage on 30 July.**

**It was not long before the wards were working at pressure coping with an epidemic of measles and mumps, to which some of the unit succumbed. As each new ward was completed, the hospital expanded to cope with an increasing number of patients. The operating-theatre block was one of the earliest buildings completed and all surgical work was then undertaken by the unit, which also provided a consultant service to neighbouring British regimental medical officers. A mobile surgical unit assisted hospitals in nearby districts where enemy air raids had caused heavy casualties.**

**There were many visitors to the hospital, the most notable being Her**

**Majesty Queen Elizabeth, who called on 21 September, visiting all wards and departments of the hospital, speaking and shaking hands with every patient and member of the staff on duty. Her Majesty was touched when informed that two soldiers operated on that morning had refused sedative in case they would be asleep during her visit, and she returned to the wards to thank the soldiers concerned. The Queen's gracious and charming manner endeared her to everybody.**

### ***5 Field Ambulance in Operational Role***

**During July and August 5 Field Ambulance underwent a series of field exercises with 5 Infantry Brigade in preparation for an operational role in the event of invasion. Particular emphasis was laid on the importance of maintaining contact between ADS and MDS. The unit also handled sickness and accident cases in the New Zealand force. After two months in England the first vehicles were obtained.**

**The unit marched (remember the Hog's Back!), manoeuvred, and bivouacked in the counties of **Surrey**, **Sussex**, and Kent. It was then that they appreciated the beauty of the English landscape, a beauty largely due to the trees, which also provided shelter and protection. A convoy on the move is a target for hostile aircraft, but for many miles the unit was able to travel along narrow country roads under the green canopy of trees arching the road from both sides. The beeches of **Arundel**, with their clean but-tressed trunks, are associated with a misty wet morning in the early stages of a six-days' march. The men arrived there at dark, more than a little weary after a final uphill stretch, and had a long tramp through the park in search of their allotted bivouac, only to find that the cooks, who should have reached there by motor transport ahead of them, had lost their way; the meal was not ready until after 10 p.m. As they rolled into their blankets (some of them on a mattress of leaves), there was an air-raid warning and the sound of aircraft overhead.**

**Another halt on that same march was at East Grinstead, near the Castle and within sight of St. Hugh's Charterhouse, the largest monastery in **Britain**. Here the men of the unit saw a herd of deer not far**



from the ancient oaks under which the vehicles were parked. Many beautiful gardens were also seen; for example, that at Sheffield Park, where after a hot day on the march the men were able to bathe in a large pond set in a picturesque landscape of trees and shrubs.

The troops continued their training in the countryside. With the coming of autumn they saw a marked change in the landscape, as many of the English trees are leafless in winter. Before the fall, brilliant autumn colours appeared, beautiful in the lengthening rays of the afternoon sun.

Towards the end of August the unit drove down in convoy to Kent. HQ Company took over a stables in the Sittingbourne Road, outside **Maidstone**, A Company were at Broughton Monchelsea, and B Company at Sittingbourne. While they were here the area was heavily bombed, and the ambulances worked for the first time carrying casualties, mostly civilians, to the **Maidstone** Hospital. 5 Field Ambulance continued to function through the various enemy air attacks during its stay in that area.

## *The Battle of Britain*

September was the month of the **Luftwaffe's** mass raids on **London**, planned to smash the way for an attempt at airborne and seaborne invasion. During the first week the New Zealand troops in reserve, by now a well trained and mobile force although not yet fully equipped, were moved nearer the coast to occupy what were virtually battle positions covering the **Folkestone- Dover** area. Early in the month the Prime Minister himself found time to inspect a parade of New Zealand units at **Mytchett**. Mr. Churchill made one of his inspiring speeches and gave evidence of his energy and insight.

On 4 September the surgical team at 1 General Hospital was suddenly called to **Weybridge** to help deal with bombing casualties. The Vickers aeroplane factory had received a direct hit, causing many casualties, although fortunately it was lunch-time and many of the

10,000 employees were away. Surgical and resuscitation teams had also been brought from **London**, and all worked through the afternoon and evening until midnight. It was early morning before a weary New Zealand surgical team returned to Pinewood.

From these large air raids, casualties were also admitted to Pinewood from **London**—men, women, and children, old and young; some in the clothes in which they had been extricated from the rubble; all with the dust and dirt seemingly ingrained into their skins; some severely injured, all badly shocked. Bomb casualties were then a new experience to New Zealanders, and they were impressed by the courage of the sufferers.

Later in the month the threat of invasion lessened as the weather over the **English Channel** became worse. To avoid the strain of stand-to at dawn and dusk each day, a relaxation of the manning of defences was ordered; troops were granted leave, sports were organised, parties travelled by bus, sightseeing, or visited hot baths in nearby towns. Life in billets in **Kent** was enjoyed by the men—the quaint villages, hotels, old houses and churches, the hopfields, orchards, and oast-houses provided a setting far removed from the usual military camp. Many had cause to remember the hospitality of English homes and people.

It had originally been intended that the Echelon should have been relieved of its operational role on 13 September, pending its embarkation for the **Middle East**, but these orders were cancelled three days before, and the New Zealanders stayed in bivouacs covering **Dover**. The postponement had been ordered personally by Mr. Churchill after a visit to the **Dover** sector. At first it was intended that the departure of the Second Echelon would be delayed only a few weeks and that it would leave for the **Middle East** towards the end of October. However, because of the urgent need in the **Middle East** for reinforcements of armour, artillery, and anti-aircraft units, its departure was again delayed. The New Zealand force retained its operational role under command of 12 Corps and was largely concentrated in the **Maidstone**-Ashford area of Kent. The happiest relations existed between the soldiers and the civilians, many of whom established canteens and organised

entertainments.

## *1 General Hospital Leaves for Egypt*

Instructions to 1 General Hospital on 7 September to prepare for departure were not cancelled when the departure of the rest of the Echelon was postponed. The staff were sorry to be leaving the hospital, which was then nearing completion. Nissen huts had been erected to allow the pack and ordnance stores to be cleared from the two wards they had been occupying. A move had been made into the administration block, and the painting of the hospital was almost completed. The summer had changed to autumn, the fruit was ripening on the trees, and the beech trees were a picture in their autumn tints. Pinewood, too, had been spared the attention of enemy aircraft. Few were looking forward to a sea trip again, feeling that they had already spent so much time travelling. All hoped until the last that the arrangements might be altered, but they were not changed although a little delayed.

On 26 September DDMS, Aldershot Command, visited the hospital to make final arrangements for 18 British General Hospital to take over. He expressed his pleasure at having had the unit in his district and his appreciation of the good conduct of the staff and of their reputation with the people of the district; he also congratulated Col McKillop on the excellent work of the unit.

The staff all had seven days' leave before embarking for Egypt, and this took them to all parts of England and **Scotland**. Some tried to find their way to quieter areas, as the noise of planes overhead became trying at times, especially at night. On 4 October the main body embarked at **Gourock** on HMT *Georgic*. The ship sailed on the evening of the 7th and reached **Port Tewfik** on 16 November, after calling at **Freetown** and **Cape Town**.

## *5 Field Ambulance*

**Fifth Brigade's manoeuvres were continued from time to time throughout October. A surprise order to be ready to move early on 25 October caused most units to believe the operation to be a real one, although it was only a practice. During the month several aircraft, both German and British, crashed in the brigade area and several delayed action bombs were located.**

**Lt-Col Twhigg assumed the appointment of ADMS, NZ Division ( [UK](#)), but retained command of 5 Field Ambulance. Under arrangements with DDMS 12 Corps, all New Zealand patients were held in special hospitals so that they would not be too scattered. 5 Field Ambulance alone was responsible for the evacuation of casualties from the force's area and for the care of all but serious cases. Two ADSs and an MDS were established. Besides taking patients back to the CCS or to hospital, the unit returned patients from hospital or, when required, transferred them to the Convalescent Home. In addition to the [Warbrook Convalescent Home](#), a camp reception hospital at [Farnborough](#) (formerly operated by 1 NZ Convalescent Depot before it went to Egypt, and later by [1 NZ General Hospital](#)) was reopened on 14 October for convalescent patients and was staffed by a detachment from 5 Field Ambulance.**

**During September and October 186 patients suffering from various injuries, many of them football ones, were admitted to 5 Field Ambulance. A common cause of admission was respiratory disorders, for which during the two months 104 patients were treated, this total including 79 with minor influenzal infections. The total number of cases evacuated by the ambulance beyond unit RAPs <sup>2</sup> was 617.**

**Months passed and winter came. There was still no invasion. The New Zealanders saw a civilian population laugh at bombing, saw a small but courageous Air Force chase the Germans out of the daylight sky, and marked the heroism and self-sacrifice of the ARP services. And they profited by what they saw. When they came to leave England they breathed something of the same spirit, and they left an excellent impression.**

When the New Zealand force returned to the Aldershot Command during the first week of November, the MDS was set up at Runfold and the ADS at Heathcote, and both acted as reception hospitals.

After six months in England a week's leave was granted, with free travelling warrant. Most of the men went to **Scotland**, though some took the opportunity to visit relatives in other parts of England. One-third of the unit went on leave at a time so that it could still function over the leave period.

Early in December there were rumours of embarkation as equipment was sorted out and general preparations made. Over the Christmas period the English people went to no end of trouble to entertain the New Zealanders, and many were invited to civilian homes for Christmas dinner.

On the night of 1-2 January 1941, units of the Second Echelon began to leave Aldershot Command for ports of embarkation to join the rest of the Division in the **Middle East**, their original destination. It was the middle of winter and influenza was prevalent. Snow fell in the afternoon of 2 January, when B Company, 5 Field Ambulance, left Heathcote by train for Liverpool, where they embarked on the *Athlone Castle* the next day. There was further frost and snow on the 3rd, when HQ and A Companies cleared the houses and grounds of 'Inglewood' and 'The Spinney' at Runfold, marched to Farnham station, and left by train for Newport, Wales, where they embarked on the *Duchess of Bedford* on the 4th. The next day this ship moved out into the Bristol Channel and then up the Irish Channel to reach Belfast on 7 January, where the *Athlone Castle* and other ships joined the convoy on the 11th.

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for duty. When the influenza abated there was a mild epidemic of measles on board the *Duchess of Bedford*.

After crossing the Equator on the way south, enjoying leave at **Cape Town**, and crossing the Equator on the way north again, the convoy reached **Port Tewfik** on 3 March. As the troops prepared to disembark, they were informed that they would not be long in the country and were advised to take full advantage of any leave granted to them. Units of the New Zealand Division in the **Middle East** were then leaving Egypt for another theatre of war.

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<sup>1</sup> Principal Matron Miss E. C. Mackay, OBE, RRC, m.i.d.; born **Porangahau**, 13 Feb 1902; Sister, **Hamilton**; Sister, **Ngaruawahia Camp**, Jan-Mar 1940; Matron 1 Gen Hosp Jun 1940-Nov 1943; Principal Matron Nov 1943-May 1945.

<sup>2</sup> Regimental Aid Posts.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**IN Britain in the hour of greatest danger was the Second Echelon. It arrived in June 1940, shortly after [Dunkirk](#), and stayed until the end of the year.**

**When the troops disembarked on 17-19 June and the troop trains passed slowly through Clydeside, the spontaneous and exuberant welcome from the sturdy Scots of all ages warmed the hearts of the New Zealanders. The same welcome was extended all along the line as they made their way south to [Aldershot](#). Edinburgh provided hospitality at the station, as also did Banbury Cross.**

**[Scotland](#) as the men saw it in the middle of a smiling June was a country somewhat akin to their own, but with an air of solidarity and permanence. England in the soft sun of a late afternoon presented a panorama of field, wood, castle, and town. The industrial areas were a hive of activity, surrounded by smoke and grime. The rural countryside was well cropped.**

**The medical units, 5 Field Ambulance, I General Hospital, and 1 [Convalescent Depot](#), settled into quarters at [Ewshott](#), a welcome change from shipboard life. [Ewshott](#) will always be remembered by many members of the medical units. In the first few days the ration supply was very erratic and cabbage became the mainstay of their diet, being served up in many forms till full rations were available. Otherwise, all memories of the district are pleasant.**

**From Aldershot the Matron, Miss E. C. Mackay, <sup>1</sup> and the sisters travelled by bus to the quaint old village of Warnborough in Hampshire, about twelve miles to the south. Seven of the sisters were billeted at 'The Lodge' with Mrs Alberta McLean, a former resident of New Zealand, and the rest with kindly village folk.**

After a few days in camp the New Zealanders were given their first leave, travelling to **London** in a fast electric train. Going to **London** was an experience not to be forgotten: from one side of the carriage could be seen miles of chimney pots and small, closely packed houses placed back to back in certain areas; from the other side one got occasional glimpses of world-famous buildings—St. Paul's, the Houses of Parliament, and many others. Waterloo Station was impressive for its size and network of railway lines, with a constant bustle of trains arriving and departing beneath the huge glass roof. A short journey on the underground to **Charing Cross** brought the sightseers to the heart of **London**. At first it was hard to realise that there was a war on until one noticed the sandbagged windows and the notices pointing to air-raid shelters. Talking with the people, then and later on when bombs began to fall, one realised what sacrifices many were making and what little chance **Hitler** had of breaking their morale. Members of the units took trips up the **Thames**, saw the Tower of **London**, Westminster, Big Ben, **Piccadilly Circus**, **Oxford Street**, Hampton Court and the Zoo, and marvelled at the Tube trains.

Near the camp at **Ewshott** were plantations of the Scots pine and larches, and mixed forests where ashes, birches, rowans, and elms abounded. It was an easy matter in the long summer evenings to gather blackberries, and the public-spirited labours of a few volunteers provided an occasional blackberry pie. The country inns were popular rendezvous. The social aspect of drinking impressed our men. Inns looked more like private houses than business premises; outside were hung names less prosaic than in New Zealand—The Jolly Farmer, The Shepherd and Flock, The Barley Mow. Inside, the inns were more like a club where darts, 'shove a penny', and other games of skill were played, and a glass of beer drunk unhurriedly.

The New Zealanders found that England was not dying on its feet, as had been rumoured, but that it was a country of courageous civilian communities, who met the blatant self-assurance of some of the Anzacs with a kindly display of courtesy, interest, and hospitality. Great men



and cottagers alike opened their hearts to the wearers of those strange hats, and the **London** Press lauded these distant kinsmen.

The threat of invasion hung over England; to fit themselves for the active role they had been allotted should it come, the troops of the Second Echelon worked day and night. Their morale was high even if they were short of equipment. The New Zealand troops were inspected on 6 July by the King, who showed the greatest interest in the training of the various units. At the conclusion of the inspection he requested that an order be issued telling the men that he had enjoyed being among New Zealanders again and had been impressed by their fine physique, keenness, and determined demeanour. Six of the sisters had the honour of lunching with him in a marquee—a simple wartime meal, but capped with luscious raspberries and cream. All were impressed by His Majesty's amiability, and he particularly complimented the sisters on their grey uniforms.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 GENERAL HOSPITAL AT PINWOOD

### *1 General Hospital at Pinewood*

As soon as the location of the New Zealand force was definitely fixed as the **Aldershot** area, the **ADMS 2 NZEF**, Col K. MacCormick, approached the head of the Emergency Medical Service in the **United Kingdom** for hospital accommodation. This he was given in a new hutted hospital at Pinewood Sanatorium, near Wokingham, some ten miles from the main New Zealand camp. In the hutments 100 beds were set aside for sick New Zealanders, and, in addition, 70 beds in the sanatorium buildings were to be available for New Zealand casualties. New Zealand medical officers were to be available for work in the Sanatorium if required by the Medical Superintendent. All other arrangements for the running of the hospital were suitably completed with the indispensable co-operation of the EMS authorities, whose established services were largely used. Final administrative questions were settled with the **London** County Council, owners of the Sanatorium, who supplied all food, drugs, and dressings, while the Ministry of Health was responsible for all other equipment. As the possibility of enemy attack became imminent, **1 NZ General Hospital** made immediate preparations to take over the allotted buildings and receive patients.

A first step in the setting-up of the hospital was taken on 26 June 1940, when the CO, Col McKillop, and an advanced party, moved to Pinewood. A further party comprising the Registrar and 20 other ranks moved over from **Ewshott** on the last day of June to assist in staffing the hospital. By then 72 beds had been made ready and two patients had been admitted. The remainder of the unit arrived at Pinewood on 2 July.

The hospital was pleasantly situated in a plantation with trees right up to the hospital entrance. The huts each accommodated 36 beds normally and 42 in an emergency. Each had a kitchen, storeroom, baths, lavatories, and heating. There were also a well-appointed theatre

**and X-ray block, cubicles for 36 nurses, dining and sitting rooms for nurses, and a kitchen block. Administrative quarters were improvised in a cottage, as normally the hospital would have been administered from the Sanatorium. The men were accommodated in billets at Edgecumbe Manor, a mile and a half away, and the officers and sisters occupied unfurnished wards. This was not very convenient, but the unit was fortunate in securing any accommodation at all. The housing of British, Canadian, Australian, and New Zealand forces gathered for the defence of the [United Kingdom](#) placed a premium on all available buildings. Some of the staff were accommodated in tents. The officers moved into East Hampstead Cottage on 30 July.**

**It was not long before the wards were working at pressure coping with an epidemic of measles and mumps, to which some of the unit succumbed. As each new ward was completed, the hospital expanded to cope with an increasing number of patients. The operating-theatre block was one of the earliest buildings completed and all surgical work was then undertaken by the unit, which also provided a consultant service to neighbouring British regimental medical officers. A mobile surgical unit assisted hospitals in nearby districts where enemy air raids had caused heavy casualties.**

**There were many visitors to the hospital, the most notable being Her Majesty Queen Elizabeth, who called on 21 September, visiting all wards and departments of the hospital, speaking and shaking hands with every patient and member of the staff on duty. Her Majesty was touched when informed that two soldiers operated on that morning had refused sedative in case they would be asleep during her visit, and she returned to the wards to thank the soldiers concerned. The Queen's gracious and charming manner endeared her to everybody.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE IN OPERATIONAL ROLE

### *5 Field Ambulance in Operational Role*

**During July and August 5 Field Ambulance underwent a series of field exercises with 5 Infantry Brigade in preparation for an operational role in the event of invasion. Particular emphasis was laid on the importance of maintaining contact between ADS and MDS. The unit also handled sickness and accident cases in the New Zealand force. After two months in England the first vehicles were obtained.**

**The unit marched (remember the Hog's Back!), manoeuvred, and bivouacked in the counties of **Surrey**, **Sussex**, and Kent. It was then that they appreciated the beauty of the English landscape, a beauty largely due to the trees, which also provided shelter and protection. A convoy on the move is a target for hostile aircraft, but for many miles the unit was able to travel along narrow country roads under the green canopy of trees arching the road from both sides. The beeches of **Arundel**, with their clean but-tressed trunks, are associated with a misty wet morning in the early stages of a six-days' march. The men arrived there at dark, more than a little weary after a final uphill stretch, and had a long tramp through the park in search of their allotted bivouac, only to find that the cooks, who should have reached there by motor transport ahead of them, had lost their way; the meal was not ready until after 10 p.m. As they rolled into their blankets (some of them on a mattress of leaves), there was an air-raid warning and the sound of aircraft overhead.**

**Another halt on that same march was at East Grinstead, near the Castle and within sight of St. Hugh's Charterhouse, the largest monastery in **Britain**. Here the men of the unit saw a herd of deer not far from the ancient oaks under which the vehicles were parked. Many beautiful gardens were also seen; for example, that at Sheffield Park, where after a hot day on the march the men were able to bathe in a large pond set in a picturesque landscape of trees and shrubs.**

**The troops continued their training in the countryside. With the coming of autumn they saw a marked change in the landscape, as many of the English trees are leafless in winter. Before the fall, brilliant autumn colours appeared, beautiful in the lengthening rays of the afternoon sun.**

**Towards the end of August the unit drove down in convoy to Kent. HQ Company took over a stables in the Sittingbourne Road, outside **Maidstone**, A Company were at Broughton Monchelsea, and B Company at Sittingbourne. While they were here the area was heavily bombed, and the ambulances worked for the first time carrying casualties, mostly civilians, to the **Maidstone** Hospital. 5 Field Ambulance continued to function through the various enemy air attacks during its stay in that area.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE BATTLE OF BRITAIN

### *The Battle of Britain*

September was the month of the **Luftwaffe's** mass raids on **London**, planned to smash the way for an attempt at airborne and seaborne invasion. During the first week the New Zealand troops in reserve, by now a well trained and mobile force although not yet fully equipped, were moved nearer the coast to occupy what were virtually battle positions covering the **Folkestone- Dover** area. Early in the month the Prime Minister himself found time to inspect a parade of New Zealand units at **Mytchett**. Mr. Churchill made one of his inspiring speeches and gave evidence of his energy and insight.

On 4 September the surgical team at 1 General Hospital was suddenly called to **Weybridge** to help deal with bombing casualties. The Vickers aeroplane factory had received a direct hit, causing many casualties, although fortunately it was lunch-time and many of the 10,000 employees were away. Surgical and resuscitation teams had also been brought from **London**, and all worked through the afternoon and evening until midnight. It was early morning before a weary New Zealand surgical team returned to Pinewood.

From these large air raids, casualties were also admitted to Pinewood from **London**—men, women, and children, old and young; some in the clothes in which they had been extricated from the rubble; all with the dust and dirt seemingly ingrained into their skins; some severely injured, all badly shocked. Bomb casualties were then a new experience to New Zealanders, and they were impressed by the courage of the sufferers.

Later in the month the threat of invasion lessened as the weather over the **English Channel** became worse. To avoid the strain of stand-to at dawn and dusk each day, a relaxation of the manning of defences was ordered; troops were granted leave, sports were organised, parties

travelled by bus, sightseeing, or visited hot baths in nearby towns. Life in billets in **Kent** was enjoyed by the men—the quaint villages, hotels, old houses and churches, the hopfields, orchards, and oast-houses provided a setting far removed from the usual military camp. Many had cause to remember the hospitality of English homes and people.

It had originally been intended that the Echelon should have been relieved of its operational role on 13 September, pending its embarkation for the **Middle East**, but these orders were cancelled three days before, and the New Zealanders stayed in bivouacs covering **Dover**. The postponement had been ordered personally by Mr. Churchill after a visit to the **Dover** sector. At first it was intended that the departure of the Second Echelon would be delayed only a few weeks and that it would leave for the **Middle East** towards the end of October. However, because of the urgent need in the **Middle East** for reinforcements of armour, artillery, and antiaircraft units, its departure was again delayed. The New Zealand force retained its operational role under command of 12 Corps and was largely concentrated in the **Maidstone**-Ashford area of Kent. The happiest relations existed between the soldiers and the civilians, many of whom established canteens and organised entertainments.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 GENERAL HOSPITAL LEAVES FOR EGYPT

### *1 General Hospital Leaves for Egypt*

**Instructions to 1 General Hospital on 7 September to prepare for departure were not cancelled when the departure of the rest of the Echelon was postponed. The staff were sorry to be leaving the hospital, which was then nearing completion. Nissen huts had been erected to allow the pack and ordnance stores to be cleared from the two wards they had been occupying. A move had been made into the administration block, and the painting of the hospital was almost completed. The summer had changed to autumn, the fruit was ripening on the trees, and the beech trees were a picture in their autumn tints. Pinewood, too, had been spared the attention of enemy aircraft. Few were looking forward to a sea trip again, feeling that they had already spent so much time travelling. All hoped until the last that the arrangements might be altered, but they were not changed although a little delayed.**

**On 26 September DDMS, Aldershot Command, visited the hospital to make final arrangements for 18 British General Hospital to take over. He expressed his pleasure at having had the unit in his district and his appreciation of the good conduct of the staff and of their reputation with the people of the district; he also congratulated Col McKillop on the excellent work of the unit.**

**The staff all had seven days' leave before embarking for Egypt, and this took them to all parts of England and **Scotland**. Some tried to find their way to quieter areas, as the noise of planes overhead became trying at times, especially at night. On 4 October the main body embarked at **Gourock** on HMT *Georgic*. The ship sailed on the evening of the 7th and reached **Port Tewfik** on 16 November, after calling at **Freetown** and **Cape Town**.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE

### *5 Field Ambulance*

**Fifth Brigade's manoeuvres were continued from time to time throughout October. A surprise order to be ready to move early on 25 October caused most units to believe the operation to be a real one, although it was only a practice. During the month several aircraft, both German and British, crashed in the brigade area and several delayed action bombs were located.**

**Lt-Col Twhigg assumed the appointment of ADMS, NZ Division ( **UK**), but retained command of 5 Field Ambulance. Under arrangements with DDMS 12 Corps, all New Zealand patients were held in special hospitals so that they would not be too scattered. 5 Field Ambulance alone was responsible for the evacuation of casualties from the force's area and for the care of all but serious cases. Two ADSs and an MDS were established. Besides taking patients back to the CCS or to hospital, the unit returned patients from hospital or, when required, transferred them to the Convalescent Home. In addition to the **Warbrook Convalescent Home**, a camp reception hospital at **Farnborough** (formerly operated by 1 NZ Convalescent Depot before it went to Egypt, and later by **1 NZ General Hospital**) was reopened on 14 October for convalescent patients and was staffed by a detachment from 5 Field Ambulance.**

**During September and October 186 patients suffering from various injuries, many of them football ones, were admitted to 5 Field Ambulance. A common cause of admission was respiratory disorders, for which during the two months 104 patients were treated, this total including 79 with minor influenzal infections. The total number of cases evacuated by the ambulance beyond unit RAPs <sup>2</sup> was 617.**

**Months passed and winter came. There was still no invasion. The New Zealanders saw a civilian population laugh at bombing, saw a small**

but courageous Air Force chase the Germans out of the daylight sky, and marked the heroism and self-sacrifice of the ARP services. And they profited by what they saw. When they came to leave England they breathed something of the same spirit, and they left an excellent impression.

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On the night of 1-2 January 1941, units of the Second Echelon began to leave Aldershot Command for ports of embarkation to join the rest of the Division in the **Middle East**, their original destination. It was the middle of winter and influenza was prevalent. Snow fell in the afternoon of 2 January, when B Company, 5 Field Ambulance, left Heathcote by train for Liverpool, where they embarked on the *Athlone Castle* the next day. There was further frost and snow on the 3rd, when HQ and A Companies cleared the houses and grounds of 'Inglewood' and 'The Spinney' at Runfold, marched to Farnham station, and left by train for Newport, Wales, where they embarked on the *Duchess of Bedford* on the 4th. The next day this ship moved out into the Bristol Channel and then up the Irish Channel to reach Belfast on 7 January, where the *Athlone Castle* and other ships joined the convoy on the 11th.

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**After crossing the Equator on the way south, enjoying leave at **Cape Town**, and crossing the Equator on the way north again, the convoy reached **Port Tewfik** on 3 March. As the troops prepared to disembark, they were informed that they would not be long in the country and were advised to take full advantage of any leave granted to them. Units of the New Zealand Division in the **Middle East** were then leaving Egypt for another theatre of war.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**WHERE** to? This was the query on the lips of all. With the notification in February that all leave was to finish at the end of the month, anticipation reached a feverish pitch. A landing at **Tripoli**, finishing off the North African campaign? That wouldn't be bad, but why had so many been brought back from the desert? To Italy? But that would be too big a proposition, even though a march on **Rome** sounded well. To reinforce the British troops in **Eritrea**, **Abyssinia**, and Somaliland? But they seemed to be getting on well enough without help. The German threat from **Bulgaria** and British aid to **Greece** figured largely in the news and in the minds of all. Besides, had there not been lectures on malaria, and was not **Salonika** a malaria-ridden place, but why the issue of the much-despised topee? So did argument and counter, suggestion, rumour, and hearsay wax and wane amongst all. First in favour, and also a likely possibility, was **Greece**.

In such an atmosphere the men had their last leave, said goodbye to friends around **Cairo** ( *mafeesh* leave for a while), and in letters home hinted discreetly at irregular mails in future. With the issue of final articles of equipment, anticipation rose still higher.

As the medical units completed arrangements for their impending moves, thunderstorms, followed by dust-storms and then heavy rain, made working conditions anything but pleasant. Built up to full strength, 4 Field Ambulance, under the command of Lt- **Col P. V. Graves**, and 4 Field Hygiene Section, commanded by **Maj B. T. Wyn Irwin**, left **Helwan** with 4 Infantry Brigade Group on the morning of 3 March, travelling in their own transport and attached ASC trucks. The convoy followed the usual pattern—a tearing hurry at the start, then progress as if following a hearse, a succession of heartbreaking stops; but **Amiriya** transit camp was reached at last.

That same evening the ships bringing 5 Field Ambulance, with 5

**Infantry Brigade, from England arrived at Port Tewfik. At Helwan 6 Field Ambulance, under the command of Lt-Col W. H. B. Bull, was in the throes of preparation for its move to Amiriya. As was the case in other units, rumour was running wild, and not one point of the compass was excluded as a possible destination. When, however, the unit, with 6 Infantry Brigade and HQ 2 NZ Division, joined 4 Field Ambulance and 4 Field Hygiene Section at Amiriya in the evening of 6 March, after staging the previous night at Wadi Natrun, little doubt existed in the minds of all that their destination was to be Greece.**

**The transit camp at Amiriya was used as a concentration area for the troops prior to their embarkation from Alexandria. A great deal of work was carried out by the medical units, especially the Hygiene Section, to improve the sanitation of the camp. The lines were dirty when taken over, and the poor hygiene and sanitation arrangements had immediately to be overhauled. The camp was a bleak and comfortless stretch of sand, notorious for the strong winds, with accompanying sandstorms, so frequently encountered there. It was also within the coastal rain belt, and rain fell at times during the week or more the units spent there before moving to the ships.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EMBARKATION

### *Embarkation*

The first medical unit to go to **Greece** was 1 General Hospital. It had been spared the trials of **Amiriya**, going direct from **Helmieh** to **Alexandria** by train and embarking on the *Ulster Prince* on 6 March. The sisters were left behind to follow three weeks later. An uneventful journey across the **Mediterranean** brought the unit, under Col McKillop, to **Piraeus** on 8 March. Two days later 4 Field Hygiene Section reached **Greece** on the heavy cruiser HMS *York*. Also on board the *York* was Col Kenrick, ADMS 2 NZ Division.

On several mornings during their stay at **Amiriya** the men of 4 Field Ambulance had heard in the early hours the regular thump of marching feet, accompanied by snatches of song or whistled tunes. Then, on 11 March, it was their turn to leave. At the ungodly hour of 3 a.m. they fell in silently in embarkation order. They rejoiced that they did not have to carry rifles as did the ASC drivers. An order or two and they marched along a pitch-black road. 'How about a cup of "chai"?' was a call to the cooks of a neighbouring unit busy about their fires.

Silently, for the most part, they laboured under their loads as far as a railway siding. Then followed a shoving and a striving to get through the doorways into ancient carriages of the **Egyptian State Railways**. There were seats for all. From this vantage point they watched dark-skinned Empire troops plodding along the tracks with gear strung on and around them in very unorthodox fashion.



*1 NZ General Hospital, Helmieh*  
**1 NZ General Hospital, Helmieh**



*NZ General Hospital at Helwan*  
**NZ General Hospital at Helwan**



*1 NZ General Hospital at Pharsala, Greece*  
**1 NZ General Hospital at Pharsala, Greece**



*Scene near hospital area, Pharsala*

*Scene near hospital area, **Pharsala***

Once they started on their way, familiar scenes passed in review—desert camps, cheery Aussies grinning and calling, orchards, unkempt villages, desolate wastes of sand and barren salt flat, marshlands in which natives poled flat-bottomed fishing boats. Myriads of mosquitoes clouded doorways and windows; fortunately either humble males or, if females, not thirsty for blood, for they left the men in peace. Against a background of distant sea, gulls wheeled and dived about a drainage outlet.

A halt speedily brought vendors of newspapers and inferior chocolate biscuits. One member of the unit bartered an Army blanket for a bottle of Dewar's whisky, and received the punishment he deserved. The label might have been Dewar's, but not the contents. Too deadly even for hardened throats, most of it went overboard.

Slowly the train passed through dingy warehouse areas while curious native workers stood at vantage points. Masts of shipping rose above the shed tops, and presently all were tumbling out on the quay at **Alexandria**. For days all had heard of the great liners waiting for them in the harbour. They looked around and found that by no means did the nearby vessels measure up to the rumour's standard. Shepherded along the quay past abstracted officers clutching sheaves of papers, they went up the gangway in single file to board the Greek steamer *Ionia*, a vessel

of under 2000 tons.

**With 22 officers and 777 men accommodated in the holds and on the decks, the ship was uncomfortably cramped. There was only one galley and, with such limited cooking facilities, practically no heated food, apart from tea, was available to supplement the dry rations, of which four days' supply had been brought aboard. Deck dwellers peered down the hatch at men, mess gear, and packs pressed together in the holds, where past passengers—sheep—had left their trademark, and where the smelly air was hot and stifling.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## VOYAGE OF 4 FIELD AMBULANCE

### *Voyage of 4 Field Ambulance*

**The voyage, lasting from dawn on 12 March until the arrival at Piraeus in the early afternoon of the 15th, was uneventful, at least as far as enemy action was concerned. Rough weather, varying in severity but reaching full storm force and scattering the convoy when rounding the western end of Crete, caused much discomfort amongst the troops, many of whom had to be brought down from the upper decks and crowded below. Others were put into the after hold, which, with the vessel being constantly swept by high seas and barely maintaining steerage way, had to be battened down. The first glimpse of Greece, its snow-clad mountain ranges and steep green hills reminiscent of the New Zealand coastline, was a welcome sight after an unpleasant trip. Ashore, members of 4 Field Ambulance found their own vehicles and others waiting to take them to the pleasantly situated camp at Hymettus.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## VOYAGE OF 6 FIELD AMBULANCE

### *Voyage of 6 Field Ambulance*

**Egypt's singularly appropriate send-off to 6 Field Ambulance was a sandstorm so severe that visibility was reduced to a foot or two. The desert blizzard continued with unabated fury for several days. The men remained in their tents, since to venture outside might mean groping about for hours in a blinding vortex of dust and sand.**

**With HQ 2 NZ Division and the ADMS office and staff, 6 Field Ambulance boarded the SS *Barpeta* at **Alexandria** on 18 March, while 5 Field Ambulance was settling into camp at **Amiriya**, and arrived at **Piraeus** four days later. The voyage was an eventful one. Two days out the convoy was attacked by dive-bombing aircraft, which swooped down from low clouds and dropped bombs dangerously near a transport. Ships were raked with machine-gun fire and a tanker alongside the *Barpeta* was hit and set ablaze, but the fire was got under control, and the vessel reached port safely with the other ships of the convoy. Luckily, there were no casualties.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE BRINGS UP THE REAR

### *5 Field Ambulance Brings up the Rear*

For more than a week the men of 5 Field Ambulance, under Lt-Col Twigg, were employed in route marches and other training at **Amiriya**. Similar training had been done at **Helwan** while the unit collected its stores and equipment after its sea voyage from England.

Repacked and with canopies dropped to the level of cabs, unit vehicles, with as much of the equipment as possible, were sent to **Alexandria** on 19 March. The loading of the vehicles on the ships was most unsatisfactory. Many trucks had to dump their loads on the wharf, then vehicle and load were shipped separately. Previous experience of loss of equipment gave rise to concern as to what would happen at the port of disembarkation.

On 25 March 5 Field Ambulance learned that it would embark with other troops on the Hellenic Steamship Company's *Korinthia*, a passenger ship of approximately 2600 tons. The move began on the morning of the 26th. Embarkation was completed, and the transport pulled away from the docks in the afternoon to join the convoy and naval escort. One of the four escorting destroyers was a 'flak' ship, specially equipped to deal with attacks from the air.

With 54 officers and 987 other ranks crowded into holds, on decks, and in every available corner, the *Korinthia* was a very full ship. Facilities for washing were completely inadequate, as also were other sanitation arrangements. There were no messing facilities, and the ship's galley provided only hot water for tea. Rations consisted of bully beef and Army biscuits.

Early in the evening of 28 March an enemy bomber sneaked in out of the sun and launched a torpedo at the leading destroyer, the ship

evading it by a quick turn. All escort ships opened fire on the aircraft and drove it off. It was learned later that the convoy had turned back from its original course so as to leave the seas clear for the **Mediterranean Fleet**, under Admiral Cunningham, to engage the Italian fleet in a very successful action known as the Battle of **Cape Matapan**. In the absence of the British Fleet the convoy might have been destroyed.

The ships reached **Piraeus** on the evening of 29 March without further incident, and disembarkation began immediately. Because of the troops' apparently unheralded arrival, no trucks were there to meet them, and they had to cover the ten and a half miles to the assembly camp at **Hymettus** on foot.

For all, the first sight of **Greece** was memorable—verdant hills, with high mountain ranges in the distance and the sun glinting on the snow. The town of **Piraeus** was humble and unprepossessing but **Athens** had a noble air—long avenues of trees, plantations, parks and gardens, grey stone houses with red tiled roofs, and cheerful smiling Greeks. The Acropolis, crowned by the Parthenon, dominated the city.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WELCOME IN GREECE

### *Welcome in Greece*

The welcome was warm. There were smiling faces everywhere. Crowds cheered and waved, some threw flowers into the trucks, others shouted greetings. On all sides the cry was 'English! Welcome!'

Through **Athens**, and into a quiet country atmosphere of rolling olive groves carpeted with wild flowers and shrubs, went 1 General Hospital until it reached Kephissia, a pleasant modern suburb, where it stayed in the 26 British General Hospital's area.

As each unit arrived in **Greece** it was given a brief rest in **Hymettus** camp before going forward to positions in the line. The camp was pleasantly situated in a spreading plantation of small pines and cypresses. Some of the men played marbles with the youngsters who crowded around, as do curious children the world over. Here commanding officers warned their men that the German Legation was still in **Athens** and that they were to keep their mouths shut.

For a few days the New Zealanders had an opportunity to explore **Athens**, to master a new currency, to get to know a most hospitable people, and to enjoy an atmosphere which was much more like home than that of Egypt. Leave in **Athens** was an experience to be remembered. Besides exploring its shopping areas, its tiny wine cafés and its modern restaurants, many New Zealanders made pilgrimages to the hill of the **Acropolis** and the Parthenon, and climbed the slopes of Mount Lykabettos. Wherever they went they were welcomed, and the hospitality of the Greeks was at once warm, spontaneous, and sincere. Although the city still preserved some air of gaiety, it was the capital of a country at war. Meat was already rationed to one day a week, there was a shortage of sugar, and Greek households had little fuel.

**While there was an opportunity to see a little more of the city the New Zealanders made the most of it, finding their way by car and on foot to every farthest corner of the capital. They strolled in the parks and along miles of tree-lined streets. Some visited the King's Palace gardens, there to make friends with the famous kilted Evzones, remembering (some of them) that men worthy of the legendary heroes of Homer were even at that moment in [Albania](#) creating fresh material for legend.**

**Their admiration for the Greek people became the greater the more they saw of them. They were splendid folk, and at times, particularly in the smaller villages, it seemed that from the youngest child to the oldest greybeard, every living soul was doing his or her utmost for the war effort. Even the poorest had nothing but friendship and generosity with which to meet all. They were honest in the highest degree, hard workers, touchingly sincere in their hatred of Mussolini and in their welcome.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 FIELD AMBULANCE MOVES TO KATERINE

### *4 Field Ambulance Moves to Katerine*

From Hymettus camp the New Zealanders went forward in a steady stream to prepare and occupy battle positions 300 miles away to the north in the **Katerine** area. With them went the field ambulances to make preparations for the treatment of wounded in the field and their evacuation to casualty clearing stations and general hospitals. After resting at **Hymettus** for a day and a half only, 4 Field Ambulance on 17 March moved with 4 Brigade by road and rail to **Katerine**. The majority travelled by train, which left **Athens** on the afternoon of 17 March and reached **Katerine** next day.

Passing along the streets of **Athens** to the station, the New Zealanders were again greeted by cheering and waving Greeks. Smiling people, young and old, lined the sidewalks giving the 'thumbs-up' sign. While the unit boarded the train, Padre Bicknell went to a nearby road siding where fruit vendors sat sleepily alongside their barrows. Soon they were transformed into the usual bustling, gesticulating, smiling Greek traders. The Padre bought the entire stock of three barrow merchants, much to their surprise and that of the idle curious who had quickly gathered. There was no lack of Greek lads to carry the goods to the train for a few drachmae, and the soldiers were quick to appreciate the oranges and mandarines.

The carriages were old-fashioned and high up. With full kit the men had to struggle to board them. Soldiering had taught them not to expect other than third-class travel, unless the authorities could find a fourth class. The train started off at 4 p.m., passed through green or marshy meadows and fertile vineyards, across bridges and viaducts, and struggled and strained up steep mountain slopes.

To the sand-weary men of the First Echelon the countryside seemed

a glimpse of paradise: long stretches of land under the plough, acre upon acre of vineyards, mile upon mile of olive trees, great stretches of rolling green plains reaching to green hills with snow-capped mountains beyond. Nestling among the hills, hiding in the green of the plains, or perched in the very bosoms of the mountains were many small, picturesque villages of grey stone and mud, with tiled roofs and winding, stone-paved streets.

There was a bright moon in a clear sky when the road convoy passed through a range of snow-covered mountains. At times the way lay between soaring pinnacles of glistening white and great ravines whose bottoms were lost in the mists of unfathomable depth. There were bleak, sheer rock faces and dizzy precipices, past which the road wound its tortuous way.

**Katerine** lay below the northern slopes of **Mount Olympus**. Behind the town towered snowy peaks. To the east the coastline curved north to **Salonika**, with the plains of Western Thrace beyond. Mountain ranges bordering **Albania**, **Yugoslavia**, and **Bulgaria** broke the northern horizon, while inland, to the west, wooded hills rose up from the low-lying coastal plain.

A steady rain was falling by the time 4 Field Ambulance reached **Katerine**, a moderate sized town, and marched to billets along muddy streets. Here, again, the sincere friendship of the Greeks was apparent, and the townspeople could not have made the soldiers more welcome. Their needs were simple and the town's shops stocked only the barest necessities—apart from food and drink, there was little the soldier could buy with his drachmae, 540 to the pound.

A member of the unit, Pte F. **Fleming**,<sup>1</sup> wrote at the time:

‘Many of the shopkeepers could speak a little English, and boasted of the happy days they had spent in **America** “many years ago.” To deal with the heavy demands made by the soldiers on the town's resources, some enterprising former-American Greeks opened restaurants, which

after all supplied the main need, for there were none when first the troops arrived.

‘It was a busy place, transformed overnight from placid normality to bustling excitement by the arrival of the New Zealanders. Scores of tiny wineshops, where once the locals used to sit for hours chatting, singing, laughing, or sleepily musing over a single glass of “crassi”, became in an instant crowded with noisy throngs of soldiers.

‘Greeks and New Zealanders formed countless little international groups, the members of which vied with each other in extending expressions of friendship. Mutual salutations were exchanged. Many a soldier called to his aid all the scanty knowledge of schoolboy French at his command, combined with a smattering of Greek learnt from booklets sold in the streets of **Athens** and generously helped out by smile, shrug, and gesture in order to explain the beauties of his home country to admiring groups of listeners.

‘Others made the acquaintance of strange little places where rich, sweet cakes and pastries soaked in honey were sold, to be eaten with a glass of hot goat's milk; or else ambled leisurely among the countless little stalls of the town markets, where they would critically examine the stock put up for sale, commenting with the air of experts on the qualities or otherwise of anything from sheep and pigs to watercress and pickling onions....

‘Somehow, in spite of wounded Greeks back on sick leave from **Albania**, whom they sometimes met surrounded by their fellow-countrymen in the village streets, there was an atmosphere of peace. There was no threat of death, but in the bursting buds, the birds, and the myriad joyous signs of spring was a promise of life.

‘The stay near **Katerine** was pleasant, for as spring came round the soldiers realised all the more the beauty of **Greece**. Trees burst forth into leaf and red poppies grew in profusion among the green grass and crops.... Old shepherds, crook in hand and often wearing the *fustanella*

or kilt, led their sheep. Graceful girls in quaint and colourful dresses worked in the fields where oxen teams drew primitive ploughs. Lads minding sheep played sweet music on reed pipes. Moving mountains of brushwood resolved themselves into laden donkeys on track and lane....'

There were scores of small rural villages in **Greece**, many of which the troops visited. In these, often together with their animals, lived the workers who cared for the surrounding fields. They were very poor, extracting a bare subsistence from the soil, but none the less they were touchingly generous. In these districts exchange in kind was much preferred to money. An empty benzine tin was regarded as a good price for a man's washing, while a tin of 'bully' was wealth indeed and would buy almost everything.

When the New Zealanders first arrived there was a temporary shortage of bread, but soon they found it easy to barter hard rations for *psomi*, a brown bread of good quality which the village housewives baked.

Perhaps because of the smallness of the flocks and herds, domestic animals in **Greece** were remarkably tame. Most of them wore bells hung around their throats, and even sheep would respond when called by name. Each morning and evening there would be a colourful procession as the peasants—men, women, and children—in national dress, went out to work in the fields or returned to their homes. They moved to the accompaniment of the sweet-toned tintinnabulation of many bells, for their flocks travelled with them.

Though there were no men of military age among them, the peasant folk seemed to be carrying on with their work regardless of the war. It was spring, and everywhere work on the land was in full swing.

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<sup>1</sup> **WO II F. Fleming**; born NZ, 1 Apr 1918; reporter, **Auckland**; 4 Fd Amb Jan 1940-Jun 1941, 1942-43; Archives Section 1941-42, 1943-46.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 FIELD AMBULANCE MOVES NORTH

### *6 Field Ambulance Moves North*

**Sixth Field Ambulance moved north from Athens on 26 and 27 March, after spending a few days in Hymettus camp. Some went by road, others by rail in goods waggon and cattle trucks—some saw the inside of the same trucks again later as prisoners of war. At the time of the field ambulance's arrival in Katerine, the New Zealand Division was preparing to hold a line south of the Aliakmon River and also constructing defensive positions in the Olympus Pass. For a few days the men of 6 Field Ambulance were billeted in the cinema and school, and made the acquaintance of Katerine's narrow, cobbled streets and tiny café bars.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ALIAKMON LINE

### *Aliakmon Line*

In the defence of **Greece** the New Zealand Division was first given a sector north of **Katerine** and south of the **Aliakmon River**, as well as the passes on either side of **Mount Olympus**. The 4 and 6 Infantry Brigades took over from the Greeks south of the **Aliakmon River** and set about preparing a defence line, while 5 Brigade manned new positions at **Olympus**. The Division was spread over an enormous front, no continuous defence line being possible.

With each brigade was a field ambulance. Each ambulance set up an advanced and a main dressing station to provide medical treatment for the sick and wounded. The usual procedure was for either A or B Company, each of three officers and 60 men, to set up the ADS, while the MDS was established by HQ Company of six officers and 100 men, sometimes assisted by the company not staffing the ADS. 4 and 6 Field Ambulances were north of **Olympus**, and 5 Field Ambulance was at first sited south of the mountain. Patients were at first sent back from **Katerine** by ambulance train to 1 General Hospital at **Pharsala** or to 26 British General Hospital at **Athens**.



*Dispositions of New Zealand Medical Units in Greece at 8 April 1941*

*Dispositions of New Zealand Medical Units in Greece at 8 April 1941*





# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 FIELD AMBULANCE DRESSING STATIONS

### *4 Field Ambulance Dressing Stations*

**In the hilly country in which 4 Brigade had taken up defensive positions, a site for an advanced dressing station was chosen on the road a few miles north of the village of [Paleonellene](#), and B Company, 4 Field Ambulance, with its three officers and 60 men, was sent there on 23 March. About six miles forward of the village were the small hamlets of Mikre Melia, Paleostane, Radani, and Ryakia along the front occupied by 18 and 20 Battalions, with 19 Battalion in reserve. It was realised that, in the event of a German attack, the evacuation of casualties from this area would prove most difficult. The country was ruggedly mountainous, and there was also a danger of the rapidly drying undergrowth being fired by incendiaries. More rough country lay on the left flank, but on the right, from Paleostane eastwards to the sea, the terrain dropped down to a narrow coastal plain.**

**The ADS was set up on the reverse slope of a ridge. Its several departments were housed in dugouts burrowed into the hillside and concealed under canvas and cut scrub. Access was by a lateral road on each side of the ridge. Vehicles were parked under cover some distance away. A bearer collecting post was sited about a mile from the dressing station, at a fork of the road leading to the positions of 18 and 20 Battalions, since from this point it was impossible for ambulance cars to go forward to either flank of the brigade area. It required little imagination to gauge the future usefulness of the Neil Robertson (Curtis cane) stretchers with which each company was equipped. The Neil Robertson stretcher could be raised or lowered with its burden either horizontally or vertically, with no danger of the patient becoming dislodged from his mummy-like strappings.**

**Thirteen miles of rough road, falling from an altitude of about 1000 feet to almost sea level, separated the ADS from the MDS which HQ**

**Company, 4 Field Ambulance, established about a mile and a half north of the village of [Kalokouri](#), on the road back through the [Olympus Pass](#), some two and a half miles west of [Katerine](#). The ambulance men's first task was to dig in. The MDS was pleasantly situated in a dense wood, a natural screen which, supplemented by camouflage nets and canvas, gave the dressing station most effective cover. It is interesting to note that at this stage no one considered it other than the correct thing to camouflage a medical unit, which normally relies on the conspicuous display of the [Red Cross](#) for its protection. German respect for the [Red Cross](#) was not properly appreciated until the campaign developed.**

**HQ 2 NZ Division and the office of the ADMS (Col Kenrick) were set up in [Kalokouri](#), and 4 Field Hygiene Section, which had travelled north at the same time as 4 Field Ambulance, occupied an area near 4 MDS. From the moment of opening, the MDS admitted cases from 4 and 6 Infantry Brigades and other divisional units. Patients were sent back by rail from [Katerine](#) to [Athens](#).**

**By 28 March 4 MDS was able to accommodate 120 patients if necessary. Already the experience gained in the [Western Desert](#) was proving of inestimable value. The departments co-operated efficiently in the admission, treatment, accommodation, and evacuation of the sick and injured. Each section was able to establish itself and begin working with the least possible delay, as a self-contained unit if necessary. Not only was rapid setting up possible, but the layout ensured that in the event of a hurried move, the whole dressing station could be dismantled and under way in four hours. To accommodate patients, canvas tarpaulins were adapted for screening around each of the 30-cwt trucks, and the areas under canvas were dug in so that the patients could lie below the level of the ground, thus ensuring a degree of safety from bombing and shelling.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 FIELD AMBULANCE DRESSING STATIONS

### *6 Field Ambulance Dressing Stations*

Coming under the command of 6 Infantry Brigade on 30 March, A and B Companies, 6 Field Ambulance, went forward to set up advanced dressing stations in the low, undulating country overlooking the Gulf of **Salonika**. While A Company formed a dressing station in a valley about six miles east of **Sphendami** in the lower-lying country, B Company set itself up in an old shed on the outskirts of the village of **Koukos**, with light tentage for additional accommodation. At the same time, HQ Company opened a main dressing station some ten miles west of **Katerine**, on the main road near **Kato Melia**.

On rising ground about a mile and a half from the sea and on 6 Brigade's right flank, A Company's dressing station site had the disadvantage of offering no cover whatever. In the absence of trees or other protection, the various departments were dug in deeply and screened with nets. The dressing station served an area of open, undulating country where the roads, although exposed, permitted ambulance cars to be taken right forward to the regimental aid posts. In contrast, evacuation of casualties to the **Koukos** dressing station presented many difficulties. This was especially so with the 25 Battalion RAP on the slopes of Mount Elias. The only approach to it was over rugged terrain. The road, besides being in an extremely bad state of repair, cut across the front of the artillery positions. Apart from its proximity to the 25-pounders of 4 Field Regiment, the dressing station itself, judged by position and appointments, was a typical text-book one.

The 6 Field Ambulance MDS was in a pleasant spot among spreading oaks below the northern slopes of **Mount Olympus**. Tents were pitched on the banks of a small stream. Wards for receiving, operating upon, and holding patients were dug in, and an attempt was made to protect them further with sandbags. The whole dressing station, including the men's

living quarters, was heavily camouflaged with coloured nets and natural foliage. Apart from the small amount of medical work, the chief activities were some roadmaking and sandbagging of the operating theatre, and the men were able to enjoy some days of comparative ease and quiet.

At the advanced dressing stations things were equally quiet. Each held a few sick patients. B Company took the opportunity to practise stretcher-bearing over hill and gorge.

To estimate the incidence of malaria, Capt **Lovell**<sup>2</sup> collected a dozen or so children from the nearby village and proceeded to examine their bodies for swollen spleens, an almost invariable symptom of the disease. Not knowing what next to expect, the children were terrified. Their anguished screams brought a wave of frantic mothers, from whom Lovell was forced to seek immediate cover, allowing the children to return to the bosom of their families. To avoid another similar misunderstanding, the priest in a white stone church on a hilltop was approached and persuaded with some difficulty that it was not desired to harm the children, but merely to examine them in the interests of science. Convinced, the priest gave the project his blessing and, rounding up some fifty children, led the procession to the dressing station, where the youngsters were examined, given army biscuits, and a picnic made of the afternoon. The matter did not end there, however, for everybody in the village suddenly showed great interest in his or her spleen (not to mention the army biscuits!) and the ranks of the morning sick parades swelled alarmingly. Candidates for examination flooded the dressing station and all but overwhelmed it.

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<sup>2</sup> **Lt-Col A. A. Lovell**; born England, 10 Feb 1910; Medical Practitioner; Medical Officer 6 Fd Amb Aug 1940-Dec 1941; 1 Gen Hosp Dec 1941-Nov 1944; CO Repatriation Hospital, England, May-Dec 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE DRESSING STATIONS

### *5 Field Ambulance Dressing Stations*

**Fifth Field Ambulance spent a few days at Hymettus getting ready for its move northwards with 5 Brigade, which was to take up battle positions astride the Olympus Pass. The move to the forward areas began on 1 April, three days after the unit's arrival in Greece.**

**On arrival at Dolikhe on 3 April, it was found that the tactical situation dictated the selection of a site for the MDS on an exposed slope alongside the road leading down from the Olympus Pass. An ADS was set up by B Company at Ag Demetrios, in the Pass itself.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 GENERAL HOSPITAL AT PHARSALA

### *1 General Hospital at Pharsala*

From the beginning of April patients were sent back by the field ambulances to 1 General Hospital at **Pharsala**. The choice of a site for 1 General Hospital was difficult and involved some delay, but when a decision was made in favour of **Pharsala**, the members of the unit, arriving there on 22 March, set about establishing a hospital.

The site at **Pharsala**, where Julius Cæsar defeated Pompey, was 130 miles north-west of **Athens**, in a long valley with a small river flowing briskly over a gravel bed. In the north, parallel with the river, the ground rose sharply to end in a broken granite ridge about 900 feet high. The first few hundred yards from the water was well grassed and drained. This was the area selected for the men's tents. To the south the land rolled back in steadily rising hillocks, interspersed with ridges at right angles to the stream, to a rocky formation some 1200 feet high. The distance from the river to the place where the country became too steep for use was about 700 yards. In the east was a fair-sized creek running into the river, and beyond it the ground rose sharply in hills of about 500 feet. The distance from this creek to the main road to **Athens** was one and a half miles. A standard gauge railway ran south six miles away. This was crossed by a metre-gauge line, the nearest station of which was three miles from the hospital. A loop siding gave access to both lines and provided accommodation for Greek ambulance trains which were already in commission on both gauges. The village of **Pharsala** was two miles away.

The whole area, though not wooded, afforded good cover from aerial observation, and the digging-in of tents made them moderately safe from air attack. Nearly all the wards were sited in places where they could not be seen from the road. All ward and staff tents were dispersed at intervals of 100 yards or more.

**In tents on a farm, the unit, in spite of difficulties and inadequacies, set about establishing hospital arrangements which compared not unfavourably with those of a permanent institution. Shepherds led their sheep and goats nearby to the sweet tones of many little bells. Elderly washerwomen and boys with baskets of oranges visited the hospital. Occasionally, storks flapped around in pairs, and in the evening the croak of frogs disturbed the peace.**

**Pharsala** could be reached by a donkey track over a big hill behind the hospital. It had a little town square surrounded by small shops and coffee houses; a radio roared its bulletins about an uneasy **Europe**.

**On 1 April orders were received that 24 British CCS and 189 British Field Ambulance, both stationed outside Larissa, would evacuate cases to 1 General Hospital the following day by motor ambulance convoy. Accommodation was then available for 180 patients. Seventy-two patients were admitted the next day, and by 6 April the hospital was able to take 490 patients. The first serious case was an Italian airman who was shot down in the vicinity that day. On 4 April the sisters rejoined the unit. They had reached Athens on 27 March after an uneventful journey and had been quartered in billets at Kephissia for a few days.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## PREPARING FOR BATTLE

### *Preparing for Battle*

By 3 April all combatant units of the Division were in the forward areas. In the short time at their disposal, the New Zealanders had made their preparations for battle quickly and efficiently. While the medical units had set up dressing stations and a general hospital, fire positions and tank ditches had been dug, barbed wire erected, guns sited, road and bridge demolitions prepared, country lanes converted to military roads, and thousands of tons of supplies brought forward from the ports by the NZASC and distributed. The Australians were arriving and moving forward to fight once more alongside the New Zealanders. The 2 NZ Division and 6 Australian Division at first constituted **1 Australian Corps**. A few days later, on 12 April, the name was changed to **Anzac Corps**, under the command of Lt-Gen Sir Thomas Blamey.

Their preparations for battle complete, most of the New Zealand units were enjoying a life of comparative ease in the beautiful surroundings of the Greek countryside. Then, quite suddenly, the scene changed. In grave silence, men grouped round wireless sets heard the news of **Germany's** attack on **Greece** and **Yugoslavia**. The German drive began on 6 April. Events moved swiftly. The collapse of **Yugoslavia** brought a German threat to the rear of the Anzac forces on the Aliakmon line. On 8 April 4 and 6 Brigades were ordered to withdraw over the **Olympus Pass**. By the evening of the 10th all the forward units had been withdrawn, leaving engineers to prepare demolitions and the Divisional Cavalry as a covering force for the last elements of the Anzac force to leave the original line.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WITHDRAWAL TO OLYMPUS-ALIAKMON RIVER LINE

### *Withdrawal to Olympus-Aliakmon River Line*

All troops except the rearguard had withdrawn over the **Olympus Pass** when 6 Field Ambulance moved out in the dark shortly before 8 p.m. on 10 April. The rain had ceased, but the road was wet and treacherous. Leading up steep approaches to a gorge that cut across the shoulders of **Mount Olympus**, the road climbed almost 4000 feet in a distance of ten miles. There were sharp corners and hairpin bends to be negotiated, and in places the road dwindled to a mere rock ledge along the face of the mountain, with cliff walls towering on one side and a precipitous drop yawning on the other. In the murk, careful manoeuvring of the unlighted trucks was needed to avoid disaster. One three-tonner slid over the bank, but fortunately came to rest in a hollow on the roadside with little harm done either to the vehicle or its occupants. In the early hours of the morning the vehicles pulled safely into flat cornfields on the southern side of the mountains. Snow was falling in the pass where 5 Brigade Group was preparing to meet advancing German columns, and sleety rain was sweeping across the plain where 6 Field Ambulance was erecting a few camouflaged tents for accommodation and possible emergency operations. Most of the unit remained packed, for it was in reserve. Near the little town of **Elevtherokhorion**, and about half a mile above the bridge at the junction of the roads leading from the **Olympus** and Servia Passes, 6 Brigade waited in its reserve positions.

Fourth Field Ambulance and 4 Field Hygiene Section had retired 24 hours ahead of 6 Field Ambulance and likewise found the journey over the mountain a nightmare experience. The field ambulance was short of transport, and men and equipment had to be crammed into every corner of the available trucks. Heavy rain and biting cold increased the men's discomforts as the convoy joined the mass of slow-moving transport

grinding its way through the tortuous, rain-drenched pass.

After a trying eight hours on the road in the main convoy, HQ and B Companies, 4 Field Ambulance, reached and took over the site of 5 MDS near **Dolikhe**, at the foot of **Mount Olympus**. At the summit, A Company had left the main convoy and had gone to a point near **Ag Demetrios** to take over the ADS there from 5 Field Ambulance. Morning found the men of A Company in the new position, erecting tents in pitch blackness and drizzling rain, shivering with the cold. Daylight revealed a valley surrounded by high, snow-topped hills in the shadow of **Mount Olympus**. The men were about 4000 feet above sea level, and at times the cold was bitter, while in the morning and evening all-enveloping clouds of mist rolled down from the heights above the snow line. Rain and mud made it necessary to build a road, and the men came to regard themselves as 'navvying nurses'.

After being relieved at **Ag Demetrios**, B Company, 5 Field Ambulance rejoined its unit which, during 10 April, moved to a new site selected by Lt-Col Twigg, seven and a half miles north of **Elevtherokhorion** and under a high hill at the entrance to the **Servia Pass**. Here it was to provide a main dressing station for 4 Brigade, as it set about defending an area at **Servia**, west of its previous line, but still along the **Aliakmon River**.

Fifth Field Ambulance sent A Company, under Maj **Fisher**,<sup>3</sup> forward about three miles beyond the MDS to form an advanced dressing station on the winding **Servia Pass** road. Though heavy rain hampered the work, the ADS was established by nightfall, and the men, who had had to find time to treat and evacuate a number of patients during the day, managed to get under cover for a night's rest. There was a heavy fall of snow during the night.

Throughout the 12th A Company toiled hard to improve the ADS by excavating farther into the hillside. A few patients were treated; some thirty passed through the MDS. That night was marked by the withdrawal of many troops through the pass, accompanied by a steady

stream of battle casualties. None of these was held in the MDS beyond the time required for treatment. Evacuation to  $\frac{2}{3}$  Australian CCS at **Elasson** worked smoothly. Next day the MDS was enlarged to take 150 patients. In this work the company was assisted by 2/1 Australian Field Ambulance with men and equipment. The extra equipment was particularly welcome. Stores for the New Zealand medical units had been slow in arriving, and the position had become even worse as a result of the destruction of the Advanced Depot of Medical Stores during an intense bombing attack on **Piraeus** on the night of 7 April, when the port had been rendered almost useless by the explosion of an ammunition ship. Medical units were thus finding it necessary to exercise the greatest economy in prescribing drugs.

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<sup>3</sup> **Col W. B. Fisher**, OBE, ED, m.i.d.; born **New Plymouth**, 21 Jan 1898; Superintendent, Waipukurau Hospital; RMO 28 (Maori) Bn Dec 1939-Aug 1940; 2 i/c 5 Fd Amb Aug 1940-May 1941; acting CO 6 Fd Amb, **Crete**; CO 21 Lt Fd Amb (NZ) Nov 1941-Dec 1942; CO 6 Fd Amb Feb 1943-Aug 1944; CO 1 Gen Hosp Aug 1944-Feb 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## BATTLE FOR SERVIA PASS

### *Battle for Servia Pass*

Fourth Brigade had moved up from the **Katerine** area to defend **Servia Pass**. From Servia to the sea on the east, the New Zealand and Australian positions on the **Olympus- Aliakmon River** line now barred enemy progress. Fighting flared up as the German armour thrust forward. On 13 April, Easter Sunday, enemy dive-bombers and fighters opened an offensive with attacks on 4 Brigade's dug-in positions on the slopes overlooking **Servia**. With nothing to oppose them, the aircraft droned in like a swarm of angry bees. Ambulance cars were called forward from 5 MDS to bring in men wounded in the air attack.

Next day the bombers came again, this time to blast the tiny unprotected township of **Servia**. On the same day New Zealand engineers destroyed the bridge over the Aliakmon, just north of the village. Lt-Col Twigg visited 5 ADS during the day and learned from Lt **Lusk**<sup>4</sup> that he and the bearer NCOs had made a thorough survey of the forward areas, finding in particular that evacuation of wounded from 18 Battalion would be most difficult. It was arranged, therefore, that mules, then being used to take ammunition into the line should bring out what casualties they could carry.

In the afternoon artillery duels began. Round Kozane the roads were dense with traffic—enemy tanks and troop-carriers—closing in towards the river in readiness to attack. Air activity became more intense. A continuous stream of casualties passed through the 5 Field Ambulance MDS. By then the dressing station had handled 150 patients. British, Australians, New Zealanders, Greeks, Yugoslavs, and some German prisoners were among the wounded who received treatment. Again and again the bombers came, fleets of as many as forty at a time, diving with a high-pitched scream of sirens to bomb roads and gun positions and attack any sign of movement with searing bursts of machine-gun

**fire. Although not directly attacked, the men employed at the MDS twice heard the valleys resound to a crescendo of crashing noise as the German pilots bombed targets dangerously close to the dressing station.**

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**<sup>4</sup> Capt W. B. de L. Lusk, m.i.d.; born NZ, 25 Nov 1915; House Surgeon, Auckland Hospital: Medical Officer 5 Fd Amb Dec 1939-Nov 1941; p.w. Libya, Nov 1941; repatriated May 1944.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## AIR ATTACKS ON 5 ADS

### *Air Attacks on 5 ADS*

**At 5 ADS A Company was dive-bombed and machine-gunned four times during the day. Luckily there were no casualties among the staff, but a large bomb, which opened a gaping crater only 25 paces from the dressing station, caused considerable damage to tents and other equipment.**

**The cold, clear dawn of 15 April brought the first infantry attack at [Servia](#). In bitter fighting the Germans, who had crossed the river during the night, paid heavily in killed, wounded, and prisoners. More air attacks on 5 ADS forced Maj Fisher, who was doing great work under trying conditions, to move the dressing station to some caves high up on the hillside. The raids further hampered the already difficult work of the ambulance men, whose task was made more hazardous through the necessity of treating many of the wounded in the open. On one occasion while wounded, including some forty Austrian prisoners, were being treated in the open, enemy aircraft dived in low to drop bombs and rake the area with machine-gun fire. By early afternoon the dressing station had treated and evacuated 53 patients. In the evening, when artillery took over the battle to fill the night with the flickering flash and flame of gunfire, Lt Lusk and the bearers again went into the front line to bring out more wounded.**

**Next day (16 April) the enemy intensified his artillery and bomber attacks; but he made no more infantry attacks at [Servia](#). At 5 MDS the steady flow of casualties continued. From the hills came a bearer section of 2/1 Australian Field Ambulance, weary and footsore after a long, tiring journey, leading donkeys on which wounded were supported. The  $\frac{2}{3}$  Australian CCS withdrew from [Elasson](#). Thus all forward medical units had to send patients right back to 24 British CCS at [Larissa](#), a journey of over seventy miles.**





# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ON MOUNT OLYMPUS

### *On Mount Olympus*

While the action at **Servia** was in progress, 5 Brigade was fighting at **Olympus**. Wounded in this sector were cared for by 4 Field Ambulance, with its advanced dressing station near **Ag Demetrios**, at the summit of the pass, and its main dressing station near **Dolikhe**. Along with 5 Field Ambulance, the unit evacuated patients to  $\frac{2}{3}$  Australian CCS at **Elasson** until that unit withdrew.

Pte Fleming, who was at 4 Field Ambulance ADS, describes life in those eventful days:

‘One day, a beautifully fine one, at a time when the guns were silent, I was resting outside our tent. There was a grassy flat patch below a tree-covered slope. Bees were droning lazily among the many wild flowers, while the tinkling music of a mountain stream in a rocky bed sounded a pleasant symphony. On the slopes of the opposite hill a bearded ancient was ploughing. Everywhere was peace.

‘Awakening was rude. A distant hum grew swiftly to a droning scream, a sound like the vicious voices of countless angry bees multiplied until it filled the air with menace. An air armada—there must have been over a hundred planes—was passing above and beyond us. They were mere black shapes to us, but soon after they had vanished behind the hills came the crash of bombs.

‘When the first wounded began to arrive they brought with them many a story of high courage and work well done. Jerry was getting hell, they said. The artillery was giving him the Devil's own of a hammering. “The Maoris put the fear of Hades into 'em with the bayonet....” Before long it became plain that the Medicals, too, were doing their work splendidly.

**‘Several times shelling came pretty close. Once an MO was shaving, with his usual carefree stroke of razor and brush, when the morning barrage began. There was a roar and a crash. Something whizzed close to his head, leaving a gaping hole in the roof above him. He dropped the razor and swore violently, eyed the hole in the roof, eyed the smoke of the burst shell outside, then slowly and deliberately walked to the doorway and directed a stream of invective in the general direction of the enemy.’**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## IN THE PENEIOS GORGE

### *In the Peneios Gorge*

On 16 April the enemy's furious assaults on the tiny force at **Platamon** reached a climax. A heavy tank and infantry attack drove 21 Battalion back to the historic Vale of **Tempe**, in the narrow **Peneios Gorge**, ten miles to the rear.

When Col Kenrick received word that 21 Battalion had been thrown back, he arranged for four ambulance cars to go immediately to the **Peneios Gorge** and for medical officers and orderlies to be sent from 6 Field Ambulance at dawn to the western end of the gorge to treat and bring back casualties. For this task Lt **Sutherland**<sup>5</sup> was put in charge of an advanced dressing station detachment of 25 men from B Company and two ambulance cars. When they reached the neighbourhood of **Rapsane** they were unable to set up a dressing station, so the detachment remained on wheels and treated wounded in the ambulances. That night was spent under the artillery hill positions with shells from the opposing forces whining overhead. In the early hours of the morning the men packed up ready to move back, but there was a delay as it was necessary to await the return of Lt Sutherland, who had gone forward for information.

Then, into the little valley where the party waited, came enemy aircraft in force. With a deafening roar of engines and a piercing scream of sirens, the dive-bombers swept into the attack, their machine guns spattering the ground with a deadly hail. In those terrifying moments of fear bordering on panic it seemed that no one could escape, yet no one was hurt. Meanwhile, by sheer weight of men and metal, the enemy was scattering the New Zealanders and their Australian reinforcements in the **Peneios Gorge**. Lt Sutherland returned to his detachment with the startling news that the Germans were almost on top of them. The men piled into their vehicles and were away in a few minutes, but they had

gone only a few hundred yards when enemy aircraft again attacked them. Scattering to the roadsides, the ambulance men found themselves amongst grim-faced infantry with fixed bayonets. Returning to the vehicles with a number of wounded, they lost no time in getting under way again, and, with only one unit casualty, they ran the gauntlet of further bombing, strafing, and shelling to rejoin their unit.

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<sup>5</sup> **Maj A. W. Sutherland**, m.i.d. (2); born NZ, 21 Dec 1915; House Surgeon, Dunedin Hospital; Medical Officer 6 Fd Amb Oct 1940-Sep 1941; 24 Bn Sep 1941-Jul 1942; 3 Gen Hosp Jan 1943-Dec 1944.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EXCITEMENT AT A CAR POST

### *Excitement at a Car Post*

During the afternoon of 16 April 4 MDS closed, and in heavy rain it withdrew at eleven o'clock that night, leaving a car post at HQ 5 Infantry Brigade and another at **Kokkinoplos** to evacuate casualties from 23 Battalion. To relieve the men already maintaining the car post at **Kokkinoplos**, a stretcher party went forward, arriving at the post—in the village school—just as darkness began to fall.

‘When my own party moved forward,’ said Pte Fleming, ‘it was to a village ( **Kokkinoplos**) half-way up the slopes of **Mount Olympus**. We began the climb, by ambulance, in pouring rain. As the road became even steeper so it became muddier and more nearly impassable. There were bends so sharp that they seemed impossible to negotiate. More than once we had to “put our shoulders to it”, scrambling, cursing, in the mud. The cold was biting, and we were glad indeed to reach our base, which we did just as darkness began to fall. The village school was our stretcher-bearer post. Joy of joys, fires were alight, and the classrooms in which we camped were cheerily warm, though the wind whistled through the cracks in the floorboards. We found our mates, whom we were to relieve, busily drying their clothing before the stoves. They had had an exceedingly hard carry, it seemed, working in rough mountain country, and with a long distance to march. “I'd never honestly seen mud knee-deep before,” said one, “but I waded through oceans of it today.” And it seemed he had, for he was using a pocket knife to clean his trousers from the knee down.

‘We settled down on the hard boards to sleep, ringed about the fires, while outside the rain fell steadily. Some thirsty soul found the caretaker and whispered longingly of cognac in his ear. “Yes, yes,” said the worthy, “Cognac. Good, give me a hundred drachmae.” There was a hasty consultation in the darkness, from somewhere came the money,

**and very shortly there was cognac.**

**‘Little sleep was permitted us that night. Towards midnight there began a resounding series of crashes in the rest of the building. Our men were falling back, seeking shelter in the school. Morning found us so nearly in the front line that it did not much matter. The school was packed with weary, mud- and rain-soaked men—men who had been in action day and night without sleep, without rest, for over 48 hours.**

**‘Water was put on to boil, and hot drinks were quickly prepared for as many as possible. The enemy was pressing on, they said, creeping unseen, and often unheard, through the mist and rain. Our men were holding him just beyond the village. Outside on the muddied slopes men were preparing to fight again. The mountain, the village, the advancing foe, all were hidden in the thick rolling mist.**

**‘Soon a runner appeared. There were shouted orders, and out into the fog again went the weary men, tired almost beyond endurance, but still keen to give the enemy all and more than he could take. “You medical orderlies had better clear out,” said the MO. “The enemy's entering the village.” The ambulance moved out, while seemingly only a few yards away, but unseen, tommy-guns and rifles began a deadly chorus.’**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WITHDRAWAL FROM OLYMPUS

### *Withdrawal From Olympus*

The decision had been made on 14 April, when the battle for the **Olympus- Aliakmon River** line had only just begun, that the force was to move back to **Thermopylae**, as it was realised that the line could not be held for long. Under strong enemy pressure, 5 Brigade disengaged and withdrew according to plan during the night of 16-17 April, its action being repeated by 4 Brigade the following night. The moves were covered by 6 Brigade, which had been held in reserve and which fought a rearguard action at **Elasson**. In the withdrawal the medical units retired with the brigades they were serving.

Over the next few days and nights vehicles of the field ambulances were part of the long line of traffic heading south. Ambulance cars which had taken wounded to a CCS found it very difficult to return against the stream of traffic on roads extensively damaged by bombing, and the field ambulances had to make the best arrangements possible to bring back with them the men who were wounded in the withdrawal.

Fourth Field Ambulance went through **Larissa** to **Pharsala**, and then turned east to the coast at **Almiros**, later going to an area a few miles south of **Lamia** and there setting up an ADS to take in wounded from convoys. Under cover of rain and mist on 17 April, 5 Field Ambulance followed on the long journey to the vicinity of **Molos**, south-east of **Lamia**. The ADS, under Capt **Palmer**,<sup>6</sup> withdrew with 4 Brigade Group early on the morning of 18 April, an ambulance car being attached to each RAP. The car post, under Capt **Moody**,<sup>7</sup> travelled with the rearguard of 4 Brigade and diligently collected wounded. After a trying journey through **Volos**, 4 Field Hygiene Section reached Atalante, where it camped on a sheltered site near the sea.

Disabled vehicles and streets strewn with debris caused many halts

as the convoys crawled south. Rain and mud made the going especially difficult in the darkness. The drivers were weary from the strain and lack of sleep, and repeated air attacks had made the men apprehensive. As Col Kenrick and his staff moved with HQ 2 NZ Division south of Larissa, the transport on the road was heavily dive-bombed and machine-gunned. The ADMS office staff attended to the casualties, Maj J. K. Elliott and his batman, Pte Keucke,<sup>8</sup> earning praise for their coolness and courage in attending to wounded while under fire from enemy aircraft.

The excitement of the withdrawal is well described by Pte Fleming, who was with an ambulance car post:

‘As we went on, our own artillery began to fire, with a sound that nearly split our eardrums. About a mile down the road a series of caves in the mountainside offered shelter from the still steadily falling rain, and in one of these we prepared to receive wounded. In the cave next to us flocks of sheep had been shut in for protection against the cold, and two small shepherd boys guarding them set to work, unasked, to find dry sticks with which they lit a fire for us.

‘Across the road another small boy and his sister were minding goats. I could not help wondering how they would fare when the Germans came. The sheep, the goats, and those tiny Greek children seemed very much out of place in an area soon to be under fire.

‘We had hardly established ourselves before out of the mists came a messenger with a laconic “On your way, boys! Jerry's coming!” Down the mountainside we drove, and out of the mists into comparative clearness, though we thanked our lucky stars for the low-lying cloud which made strafing from the air an impossibility.

‘A short way along the road we came across a large ration dump which was being prepared for destruction so that it should not fall into enemy hands. There were literally mountains of cases containing foodstuffs, rations of every conceivable type, food for an army, including



many items of which we had been short. Someone shouted, "Want any rations? Be in, boys!" Before long all our spare space was piled with goods, not forgetting many a luxury item. There were cases of tinned fruit, cases of this, cases of that. We dined more luxuriously than ever before—or since—that day. Peaches and cream—in greater quantities than we could ever hope to deal with. As we left, they were breaking into the piled cases with picks, pouring on petrol. At least the enemy would never benefit from the stores we could not take away. Greek peasants, though, were not denied, and many a mulecart groaned under a load it could barely carry.

'At the ration dump we waited to rejoin the rifle unit (23 Battalion) with which we had been serving on [Mount Olympus](#), and towards evening our ambulance took its place in a seemingly endless convoy moving swiftly rearwards. Though we did not know it at the time, the withdrawal had begun in earnest, a tremendous game of hide and seek with death for the loser.

'A scene which must have inspired and cheered thousands of weary men met us at a crossroads where two great rivers of traffic joined. A staff car, on the bonnet of which proudly fluttered the emblem of New Zealand, was parked in the centre of the crossing. Beside it stood a party of officers, one of whom was directing traffic. There was an incredulous gasp as we neared him. "It's 'Tiny' himself!"

'Someone said, "Gee! It's the boss. What on earth is he doing here?" It was a highly dangerous place, a spot which might at any moment become the target for heavy attacks of Nazi dive-bombers, but it was by just such acts that the GOC won and held, as no other man could do, the respect, admiration, and genuine affection of every single individual soldier in the Division. It is safe to say that there is not one man who is not proud of his leader.

'All night the convoy pressed on, and all next day. Here and there we had brief halts to rest for a few minutes and to prepare hot drinks. Twice we stopped to attend to injuries, but always it was "Keep going!" the

moment the task was done. The road became dotted with wrecked vehicles, and we entered **Larissa**, which was still smoking from a recent heavy bombardment from the air.

‘The way was littered with wreckage of all kinds. Our vehicle jolted crazily over rubble-filled craters or lurched to avoid masses of debris. Everywhere was desolation, destruction, ruin. Shops, dwellings, churches, and hospitals—the raiders in their indiscriminate savagery had spared nothing. And yet, we were told, the city had been empty of military objectives at the time of this latest exhibition of Nazi brutality.

‘Night merged into day, and day into night, as we travelled, until engine trouble held us up for a while and we lost our convoy. There were plenty more, though, and we carried on independently, a single unit in an endless chain. Once we stopped to “consider our position,” being in doubt as to which route to take. The delay may well have saved us, for as we argued the toss a distant hum grew rapidly into a roar.

‘A cloud of black, bird-like specks in the distance became unmistakably German bombers. From our cover amid the barley crops on the roadside we watched them form into line, very high, but almost directly above us. Plainly a town towards which we had been travelling was the target. With high-pitched scream of sirens they went, one after the other, into an almost perpendicular power dive. Down they went, the sound of their screamers rising to a crescendo of banshee-like wails, punctuated by the rattle of machine-gun fire.

‘One by one we saw the planes seem to vanish among the buildings of the town. One by one they rose again to form up in the clouds and roar away out of sight beyond the hills, while behind them a great cloud of smoke mushroomed out ....

‘Apparently only two targets had been hit, but we wondered what possible benefit the enemy would reap from bombing an open town. As we moved on again there was a sound like thunder rolling among the distant hills. It was no thunder, though, for here and there, from points

we could not see, columns of dun smoke rose lazily.

‘At last we came to what was plainly a line of defence and were greatly cheered by the hope that possibly the enemy would be held there. Soon after dark, a short distance behind the line, an officer “pulled us out” of the convoy to join our own unit, from which we had been separated since first going into action.’

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<sup>6</sup> **Maj G. B. Palmer**, m.i.d., Greek Silver Cross; born England, 6 Feb 1909; Medical Practitioner, **Auckland**; Medical Officer 5 Fd Amb Nov 1939-Aug 1941; DADMS 210 British Military Mission Nov 1941-May 1943; 2 i/c 1 Conv Depot May 1943-Oct 1944; OC Det 1 Conv Depot Oct 1944-Mar 1945.

<sup>7</sup> **Capt R. F. Moody**, MBE, m.i.d.; born **Auckland**, 15 Oct 1915; Medical Practitioner, **Auckland**; Medical Officer 5 Fd Amb Dec 1939-May 1941; p.w. **Crete**, May 1941; repatriated Apr 1945.

<sup>8</sup> **Cpl L. J. Keucke**; born Raetihi, 5 Mar 1917; fruiterer, Kamo.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 FIELD AMBULANCE MOVES WITH COVERING FORCE

### *6 Field Ambulance Moves With Covering Force*

Under the command of 6 Brigade, 6 Field Ambulance pulled out from **Elevtherokhorion** on 15 April and, travelling at night to avoid the constant air attacks, passed through the shambles of bombed **Elasson** and established itself next morning at **Tyrnavos** amid barley fields and orchards on the roadside. As the field ambulance was to provide medical services for 6 Brigade during the covering action, a main dressing station was set up and advanced dressing stations were placed in each of the valleys between **Tyrnavos** and **Elasson**.

Anti-aircraft batteries sited their gun positions around the MDS as soon as it was established. These guns attracted so much attention from enemy bombers that the field ambulance was forced to shift some distance down the road, to what was considered would be a more comfortable position in the shelter of an olive grove. But the deadly Messerschmitts sought them out, and for several hours the men lay flat on their faces in ditches, while at frequent intervals the whole area was raked from end to end and from side to side with machine-gun fire. Miraculously, the men came unscathed through a nerve-wracking experience. With grim satisfaction, they saw a cleverly camouflaged anti-aircraft gun nearby blow a Dornier bomber to bits as it flew low overhead. **Larissa**, some ten miles to the south, was heavily bombed.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## COVERING ACTION AT ELASSON

### *Covering Action at Elasson*

By the evening of 18 April the panzers that had battered their way through the **Peneios Gorge** had a clear road to **Larissa**. The 6 Brigade Group was in danger of having its withdrawal cut off had the enemy taken this route; but he did not. Action was expected when the German offensive reached the brigade's covering positions south of **Elasson**. There, where the road forked to the east and to the west, the brigade, screened by the Divisional Cavalry, stood ready to hold the enemy at bay.

On the 16th and 17th, while the infantry deployed with artillery and anti-tank guns in support, the dressing stations of 6 Field Ambulance at **Tyrnavos** and in the valleys between **Tyrnavos** and **Elasson** attended to men wounded in the enemy's incessant strafing of the roads. The field ambulance was joined by extra ambulance cars from an Australian MAC,<sup>9</sup> and a large marquee was erected to cope with casualties from the expected attack. By the morning of 18 April the last of the convoys bound for the new line at **Thermopylae** had passed through. The Divisional Cavalry withdrew, leaving the 6 Brigade rearguard to face the enemy alone. Before noon the artillery was in action against the first German tanks advancing towards **Elasson**.

With the withdrawal route so seriously threatened by the thrust through the **Peneios Gorge**, orders were given soon after midday for the brigade to withdraw through **Larissa** by midnight. It was decided, therefore, that the MDS should move back under **Maj Plimmer**,<sup>10</sup> and that A Company under Lt **Ballantyne**<sup>11</sup> should take over and remain open in the MDS area.

Thus, when the withdrawal began in the early afternoon, A Company, some Australian ambulance cars, Maj Christie, and the

commanding officer, Lt-Col Bull, who refused to leave until assured that the last members of his unit were free to withdraw, were left behind to look after the wounded. The rest of the unit—HQ Company and those members of B Company who had not been sent to the **Peneios Gorge**—moved out with 25 Battalion on an unpleasantly memorable day and night journey. Throughout the afternoon the convoy was obliged to run the gauntlet of raiding Stukas and Messerschmitts as it joined the continuous stream of south-bound traffic, jammed nose to tail and moving slowly and with frequent halts along the congested highway. The convoys were constantly harassed from the air, the attacks culminating towards dusk, as the field ambulance transport neared **Larissa**, with a vicious strafing raid by more than twenty aircraft. Men dived from hastily halted vehicles to the shelter of roadside cornfields. There they huddled for fully half an hour, stomachs pressed to the trembling earth, while aircraft raked them mercilessly with machine-gun fire. Yet there were remarkably few casualties.

The road, the lifeline of **Anzac Corps**, was receiving special attention from the German air force, and in many places engineers worked constantly, filling in bomb craters and clearing away debris in order to keep the highway open. When 6 Field Ambulance reached the outskirts of **Larissa**, enemy aircraft were zooming in for further attacks on the already heavily bombed town. Part of the convoy scattered and waited for the raid to end. Stukas circled high over the town in mass formation, then peeled off one by one in almost vertical power dives, checked, and roared into steep ascents. After each screaming dive, flame, debris and heavy black smoke mushroomed up among the buildings, and earth and air shuddered to the blast of the exploding bombs. Unmoved by bombs or falling debris, a military policeman stood at the entrance to the town directing traffic.

The raid over at last, the field ambulance vehicles crawled over debris-littered streets through a burning, deserted town, smouldering ruins and piles of fallen masonry often all that remained of what had once been homes.

Travelling by night, the convoy at least had freedom from air attack, but for the drivers it was still a difficult and trying journey. There were narrow streets in bombed towns and villages to be negotiated, blazing trucks on the road leaving little room for the convoy to pass, and treacherous deviations round gaping bomb craters to be traversed. Early the following morning HQ and B Companies arrived at **Molos**, south of the **Thermopylae Pass**. A few tents for accommodation were erected among trees alongside the sea coast. The unit was now in reserve, so that the men were able to snatch a brief respite.

Considerable anxiety was felt for the safety of A Company and Lt-Col Bull, who had remained at **Tyrnavos**, as it was known that the Germans had closed sharply on **Larissa**. No news of the party had been received. The following morning, however, the detachment returned safely to the unit. From the tired men it was learned that, as enemy pressure on the 6 Brigade rearguard became increasingly heavy, casualties began to arrive at the small dressing station. Medical work at the dressing station had continued until the early hours of 19 April. Withdrawal of the rearguard was to have begun at nightfall on the 18th, but a heavy enemy attack was made as the New Zealanders were about to move. By midnight the attack had been beaten off and the rearguard had begun to move back. Shadowed by the enemy, Lt-Col Bull and his party moved to make contact with the brigade that morning south of **Volos**. Wounded were picked up from the infantry battalions, given treatment and, as the withdrawal continued, carried on in trucks and ambulances. The party next day passed through bombed **Stylis** and **Lamia**, and over the **Thermopylae Pass**, to join up with the unit again in the **Molos** area.

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<sup>9</sup> Motor Ambulance Convoy.

<sup>10</sup> Lt-Col J. L. R. Plimmer; born **Wellington**, 28 Feb 1901; Medical Practitioner, **Wellington**; 2 i/c 6 Fd Amb Feb 1940-May 1941; actg CO 6 Fd Amb May 1941; killed in action 20 May 1941.

<sup>11</sup> **Capt D. A. Ballantyne, m.i.d. (2); born New Guinea, 1 Sep 1911; Medical Practitioner, Napier; Medical Officer 6 Fd Amb May 1940-May 1941; p.w. Crete, May 1941; repatriated Apr 1945.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WITHDRAWAL OF 1 GENERAL HOSPITAL

### *Withdrawal of 1 General Hospital*

Orders received by 1 General Hospital at **Pharsala** late on the night of 14 April from ADMS 81 Base Sub-Area, **Larissa**, led to patients being loaded on a train at **Dermele** in the early hours of the 15th, and then unloaded again when the arrangements of RTO **Dermele** were countermanded by superior officers at **Larissa** and **Athens**. Further instructions were received early on 15 April from the CO and ADMS, 81 Base Sub-Area, that sisters, staff, and patients were to be evacuated immediately. Everything was to be left standing, though valuable instruments and drugs were to be taken, if possible. Enemy planes had been active over the hospital area during the night. A bomb was dropped not far from the sisters' quarters, and in the early morning a plane came over and machine-gunned the camp without doing any damage.

The sisters were sent off by road in transport provided by NZ Mobile Dental Unit, under Maj **MacKenzie**,<sup>12</sup> which had been attached to the hospital. They took light luggage only, and eight Australian sisters who had been sent back for safety two days before accompanied them. This convoy arrived in **Athens** about half past seven that evening, and the sisters were accommodated in hotels. Later they were transferred to houses at **Kephissia**.

The work of clearing the 428 patients began again at 6.55 a.m. on 15 April. Transport was limited to three 3-ton trucks and three ambulances, and as the weather was fine, it was decided that the 112 convalescent patients and the men of the unit should march to the station at **Dermele**, six miles away. All patients were at the station by 11.10 a.m., but the promised hospital train from **Lamia** did not turn up. A train from **Larissa**, full of refugees, arrived an hour late, but box waggons had not been reserved on it for the hospital as promised. Arrangements were then made to use waggons on the siding for the

patients, and mattresses were brought from the hospital for the lying cases. Ultimately, some of the staff and convalescent patients marshalled the waggons, and a train was made up. Notwithstanding lack of support by the Greek railway authorities, and, in fact, in face of strong opposition from them, the train was joined up to the **Larissa** train. All valuable drugs and instruments, the sisters' heavy baggage, and a waggon load of rations were placed on the train. Great difficulty was experienced in arranging for the hospital personnel to travel on the train to tend the sick and wounded. Ultimately the train left for **Athens** at 7 p.m.

During the day a rear party at the hospital packed some valuable equipment from laboratory, X-ray department and operating theatre, and medical stores on a truck, finding also that men dressed in Greek Air Force uniform and local inhabitants had made extensive thefts from the unoccupied tents. The rear party left at 3.45 p.m. by road. Col McKillop, Maj Hunter, and Capt King left by road at 7.30 p.m. after the train had departed.

On the train Lt-Col Boyd was in charge. At one stage, when the Greek driver took shelter during an air raid and refused to carry on, he found it necessary to get a New Zealander and an Australian to drive the train. Later, a guard was placed over the Greek on the footplate of the engine to keep the train moving. At 4 p.m. on 16 April the train arrived at Rouf siding, **Athens**, and the patients and staff were taken to **26 General Hospital**, **Australian General Hospital**, and NZ Base Depot at Voulas.

A convalescent hospital was established at Voulas Camp on 17 April. Instructions received on the morning of 19 April directed that 30 nursing orderlies be sent to **26 General Hospital**, that four officers (Captains **Slater** <sup>13</sup> and **Kirk**, <sup>14</sup> Lieutenants **Foreman** <sup>15</sup> and **J. Borrie** <sup>16</sup>) and 50 men be kept at the convalescent hospital, that two officers (Captains Sayers and King) be detached to go with the New Zealand sisters on a hospital ship which was expected to leave in a few hours,

and that all others of the male staff embark at Coal Quay, **Piraeus**, at 3 p.m. that day.

Col McKillop, 13 officers, and 69 men embarked on MV *Rawnsley* at the coal wharf at **Piraeus** by half past three on the afternoon of 19 April. The vessel left her moorings at 7.30 and proceeded down the bay. After the ship had cruised around all night it was realised that its convoy had departed. At 7 a.m. next day, while waiting for instructions, the ship was bombed and machine-gunned, two officers and six men of British units being wounded. One officer died before the casualties were transferred to the hospital ship *Aba*, the ship on which the New Zealand sisters had expected to travel. Further air raids were experienced after the *Rawnsley* sailed at 11 a.m. for **Alexandria**.

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<sup>12</sup> **Maj J. A. S. MacKenzie**, m.i.d. (2); born **Levin**, 26 Jun 1908; Dental Surgeon, **Wellington**; OC Mobile Dental Unit; p.w. 25 Apr 1941; repatriated Apr 1945.

<sup>13</sup> **Capt A. N. Slater**; born Dunedin, 13 Nov 1900; Medical Practitioner, **Wellington**; Medical Officer 4 Fd Amb Oct 1939-Jan 1941; 1 Gen Hosp Jan-Apr 1941; p.w. Apr 1941; repatriated Jun 1944.

<sup>14</sup> **Lt-Col G. R. Kirk**, OBE, m.i.d.; born **Gisborne**, 17 Jun 1907; Physician, Dunedin; RMO 20 Bn Sep 1939-Jan 1941; Physician 1 Gen Hosp, 3 Gen Hosp, 1 Mob CCS Jan 1941-Sep 1942; in charge medical division 1 Gen Hosp, Sep 1942-Jan 1945.

<sup>15</sup> **Capt H. M. Foreman**, MBE; born **Auckland**, 1 Dec 1913; Medical Practitioner, **Auckland**; Medical Officer 1 Gen Hosp Feb 1940-Apr 1941; p.w. Apr 1941; repatriated May 1945.

<sup>16</sup> **Capt J. Borrie**, MBE; born **Port Chalmers**, 22 Jan 1915; Medical Officer, Dunedin Hospital; Medical Officer 1 Gen Hosp Feb-Apr 1941; p.w. Apr 1941; repatriated Apr 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE STAND AT THERMOPYLAE

### *The Stand at Thermopylae*

By 20 April the withdrawal across **Thessaly** was completed, and the entire **Anzac Corps** was disposed in the **Thermopylae** and **Brailos Passes**, ready once more to do battle from a strong position. A fighting withdrawal of nearly 200 miles had been successfully completed under the most trying conditions.

No time was lost in preparing the new defence line. Although the daylight sky was seldom clear of raiding aircraft, positions were dug, barbed wire erected, demolitions arranged, and medical facilities provided. The battle line was based on a spur of the **Pindus Mountains**, running east and west, and cut by two main routes to the south—one carrying the central road and railway through the **Brailos Pass**, and the other winding through the famed **Thermopylae Pass** itself. The **Australians** held the **Brailos Pass**, the **New Zealanders** **Thermopylae**. **6 Infantry Brigade** was on the right near **Molos**, with **5 Infantry Brigade** on its left, both supported by all the **NZ Artillery**, plus some **British guns**. **4 Infantry Brigade** and the **Divisional Cavalry** kept watch on the coast in case the enemy should attempt a landing from **Euboea Island**.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 ADS UNDER AIR ATTACK

### *4 ADS Under Air Attack*

**On 20 April, while 5 Brigade was completing its positions, 4 Field Ambulance moved from the bivouac area just south of **Lamia** along the coastal road to a site about 18 miles south of **Molos**, where B Company was detached to form an advanced dressing station two miles inland from the road bridge at that point. Cover was lacking, however, and it was not long before enemy aircraft began a ceaseless bombing and strafing of everyone and everything that moved. The area became untenable, and the company was compelled to shift to a riverbed, flanked by hills, inland from the village of **Molos**. Contact was made immediately with regimental aid posts of 5 Brigade.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 MDS AT KAMENA VOULA

### *5 MDS at Kamena Voula*

While the occupation of the **Thermopylae** positions was being completed, 5 Field Ambulance maintained a well-protected main dressing station about two miles west of **Kamena Voula**. Throughout 18 April casualties were sent back to  $\frac{2}{3}$  Australian CCS, situated south of **Levadhia**. Ambulances carrying the wounded had to take the longer route through **Molos**, for the more direct route through **Lamia** was under constant air attack.

A wing of a Greek hospital at **Kamena Voula** containing hot mineral baths became the location of the MDS on 19 April, when 5 Field Ambulance moved in. The hospital was well equipped with beds, linen, and medical stores and equipment. When the field ambulance arrived, the Greek staff still had civilian patients under treatment. The hot baths were a boon to troops who had not been out of their clothing for many days.

Air raids on the convoys, reaching a peak on the 19th, continued to take toll of the retiring troops. Members of 5 Field Ambulance had a heavy day tending the wounded. By evening, when the field ambulance came under divisional control, 83 casualties had been admitted to the MDS. From the ADS, established about three miles up the road by 4 Field Ambulance, wounded came back to the 5 Field Ambulance MDS in a steady stream all next day. Assisted by the New Zealand ambulance men, the Greeks evacuated civilian patients and nursing staff from the hospital in the late afternoon. With their departure, 5 Field Ambulance took over the medical stores left behind and arranged for their distribution to nearby field ambulances and regimental aid posts. Throughout the next day enemy aircraft continually raided roads and dumps, but the **Red Cross** on 5 MDS was respected. In the late afternoon the unit was instructed to vacate the hospital buildings and set up a

**tented dressing station nearby.**



*4 Field Ambulance MDS camouflaged and dug in near Katerine*

**4 Field Ambulance MDS camouflaged and dug in near *Katerine***



*6 Field Ambulance withdrawing through Larissa*

**6 Field Ambulance withdrawing through *Larissa***



*1 NZ General Hospital ready to embark from Piraeus for Egypt*

***1 NZ General Hospital ready to embark from Piraeus for Egypt***

*On the Thurland Castle returning from Greece*



***On the Thurland Castle returning from Greece***

**By 21 April German domination of the air was such that men and vehicles of all units remained in concealment as much as possible during daylight, but at night the activity was intense as men hastened to perform tasks they had been unable to attend to during the day. On the evening of the 21st 6 Field Ambulance moved out from the **Molos** area with orders to open a small mobile dressing station at **Livanates**, some 30 miles from the field ambulance's location behind 6 Brigade. At midnight the unit pulled into the shelter of gnarled and ancient olive trees, and at dawn HQ Company began to erect shelters. It was a pleasant spot on a wide coastal promontory some little distance from the sea. As the dressing station was to be mobile, yet capable of expansion if**



necessary, the men dug pits over which tent flies could be thrown. Nothing was camouflaged, and for the first time Red Crosses were displayed by the unit. It is significant that three Messerschmitts flew over but made no attempt to attack. While HQ Company prepared the dressing station, the other companies remained packed and 'on wheels' close by. 4 Field Hygiene Section was camped just to the north of the dressing station. Few wounded were treated in the dressing station, for that afternoon orders were received to destroy all equipment and join in a night withdrawal.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EVACUATION OF GREECE

### *Evacuation of Greece*

Enemy tanks had advanced across the plains towards the Sperkheios River, but the Germans seemed to be in no hurry to attack, spending several days building up their forces just beyond range of the Anzacs' guns. Meanwhile, west of the **Pindus Mountains**, the Greek Army had been caught in a hopeless position, and on 21 April it capitulated. The left flank of the **Anzac Corps** was now exposed, and the enemy could outflank the **Thermopylae** line. The evacuation of **Greece**, originally planned to start on 28 April, was advanced to the 24th. The units were told on the 22nd.

To cover the withdrawal of the other groups to the various embarkation beaches, 6 Brigade on 22 April took over from 5 Brigade in the **Thermopylae** line, and the ADS being run by B Company, 4 Field Ambulance, was placed under its command. The rest of the field ambulance made preparations to withdraw with 4 Brigade to **Thebes**, where a line was to be formed to protect the rearward move of the remainder of **Anzac Corps**. 5 Field Ambulance came under the command of 5 Brigade and made ready to withdraw with that group to beaches east and west of **Athens**. Later, 6 Field Ambulance also came under the command of 5 Brigade for the withdrawal.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EVENTS IN THE WITHDRAWAL

### *Events in the Withdrawal*

To ensure that there would be sufficient room in the trucks for the wounded and all members of the unit, 4 Field Ambulance jettisoned large quantities of medical equipment and personal kit, retaining only a minimum of medical essentials, before withdrawing that night. Massed convoys moving south made the 80-mile journey to **Thebes** a most difficult one, but by six o'clock next morning the unit got into concealment alongside 2/1 Australian Field Ambulance, some 15 miles south of **Thebes**.

‘When we left the **Thermopylae** line at 10 p.m. on 22 April,’ said Capt J. R. J. **Moore**,<sup>17</sup> ‘we knew that our time for evacuation was growing shorter and shorter. Our mess became more and more exiguous. An exhausted quartermaster was at one stage heard to declare, “— the rations,” which was a mighty serious statement for a “Q” to make!

‘The trip was fairly satisfactory, but we saw two signs of fifth-column activity. One was the flashing of lights continually signalling from village to village and from hilltop to hilltop. The other was an early morning incident when Maj McQuilkin produced a miraculous cure of an apparently disabled truck blocking our road by smashing the windscreen with his revolver butt. Both the driver and the engine sprang to life, and the road was clear again.

‘We next fell in with the headquarters of an Aussie field ambulance beyond **Thebes** and the pass near Villia. Here we lay up in a valley of low scrub and trees for two days, officers and men alike unseeable and unavailable during the daytime, except when tea was brewing or when the sky had been free from aeroplanes for a long stretch. Many were the timid who stood revealed in those days, when German aeroplanes harried the countryside without opposition and almost completely prevented

daylight movement by road of any sort. We needed air support, and we did not get it. At this time we heard of a general Greek surrender to **Germany.**'

Anticipating a night withdrawal on the 22nd, 6 Field Ambulance buried equipment and medical supplies and an assortment of personal gear. 4 Field Hygiene Section, members of which were to travel in 6 Field Ambulance transport, destroyed its trucks, disinfectant, and other equipment. As ordered, the field ambulance transport moved on to the road that evening, but a few minutes later the convoy was stopped, the DADMS having brought orders from Col Kenrick postponing the move for 24 hours. The field ambulance and the hygiene section were to come under the command of 5 Brigade and retire with that group.

In the morning the buried equipment was dug up and resorted; surgical haversacks were distributed around the trucks and a few instruments retrieved. The men took what they stood up in and, in addition, a greatcoat and a blanket. Similar scenes were being enacted in the 5 Field Ambulance area, for that unit also was to move with 5 Brigade. As only a limited amount of equipment and stores could be carried during the withdrawal, a quantity was placed in a building and a **Red Cross** flag fastened to the door with a note 'thanking German airmen for respecting the Geneva Convention'. Material not in this category, including many personal belongings, was made unserviceable in accordance with Corps orders.

The  $\frac{2}{3}$  Australian CCS at **Levadhia** having closed, arrangements were made for the 40-odd patients in the 5 Field Ambulance MDS at **Kamena Voula** to be evacuated to **26 General Hospital** at Kephissia. The problem of transporting the wounded was eased considerably by the appearance of four Australian ambulance cars, one of which was sent forward immediately to clear the 4 Field Ambulance ADS. This and the other ambulance cars were to travel in the 5 Field Ambulance convoy as far as **Athens**, and then break off and take the patients to **26 General Hospital**. Two unit ambulance cars were to remain and work under the orders of Capt **Macfarlane**,<sup>18</sup> who was to act as medical officer to a rear

**demolition party of New Zealand engineers.**

**Although delayed in getting under way that evening by an air raid near HQ 5 Infantry Brigade, the convoy made good progress along the crowded highway through Atalante, **Levadhia**, and **Thebes** to **Athens**. The medical section of the convoy included eight ambulance cars for the collection of wounded en route.**

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**<sup>17</sup> Maj J. R. J. Moore; born Dunedin, 15 Aug 1915; House Surgeon, Dunedin Hospital; Medical Officer 4 Fd Amb Feb-Jun 1941; Div Cav Jun 1941-Jun 1943; 2 Gen Hosp Jun 1943-May 1945; wounded 15 Jan 1943.**

**<sup>18</sup> Maj T. A. Macfarlane, m.i.d.; born **Scotland**, 21 Jan 1911; Medical Practitioner, **Auckland**; Medical Officer HQ NZ Engineers Aug 1940-Aug 1941; DADMS 2 NZ Div Aug 1941-Mar 1943.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## IN ACTION AT THERMOPYLAE

### *In Action at Thermopylae*

Meanwhile 6 Brigade, supported by the whole of the Divisional Artillery and two regiments of British artillery, continued to hold the **Thermopylae** line. An advanced dressing station manned by B Company, 4 Field Ambulance, was under its command. As the enemy continued at a leisurely pace to build up a strong assault force, aerial activity became intense, reaching a peak during 24 April, when furious and repeated enemy dive-bombing and machine-gunning attacks were directed against artillery positions. Despite the violence of these efforts to wipe out our guns and observation posts, casualties were few, and the New Zealand dressing station was not overtaxed.

During the day several thrusts by enemy tanks and infantry were repulsed, but others broke through in 25 Battalion's sector. The battalion's two forward platoons were forced to withdraw, suffering heavy casualties from tank gunfire and mortaring as they did so.

The artillery and infantry battle continued until about half past nine that night. Then contact with the enemy was broken, guns and heavy equipment were destroyed, and the planned withdrawal began. By dawn of Anzac Day men and vehicles were scattered and hidden over a hundred miles away behind 4 Brigade's covering position at **Thebes**. B Company rejoined 4 Field Ambulance in the area adjacent to 2/1 Australian Field Ambulance, south of **Thebes**. Unfortunately, Capt **Neale**<sup>19</sup> and 16 men who retired with the 6 Brigade rearguard did not succeed in rejoining their own company and were later taken prisoner near **Corinth**.

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<sup>19</sup> Capt H. C. Neale; born **Nelson**, 20 Aug 1914; Medical Practitioner, **Wellington**; Medical Officer 4 Fd Amb Sep 1939-Apr 1941; p.w. Apr 1941; repatriated May 1945.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EMBARKATION AT PORTO RAFTI

### *Embarkation at Porto Rafti*

In its withdrawal from the **Thermopylae** line, 5 Infantry Brigade Group, with 5 and 6 Field Ambulances and 4 Field Hygiene Section under its command, reached **Athens** at daylight on 24 April after a hectic night journey over congested roads. On the outskirts of the city, the men of 5 Field Ambulance heard the wail of air-raid sirens for the first time since leaving England. However, the unit cleared **Athens** without undue delay and dispersed among olive trees along the road to **Raphena**, there to spend the daylight hours under cover with the rest of the brigade group.

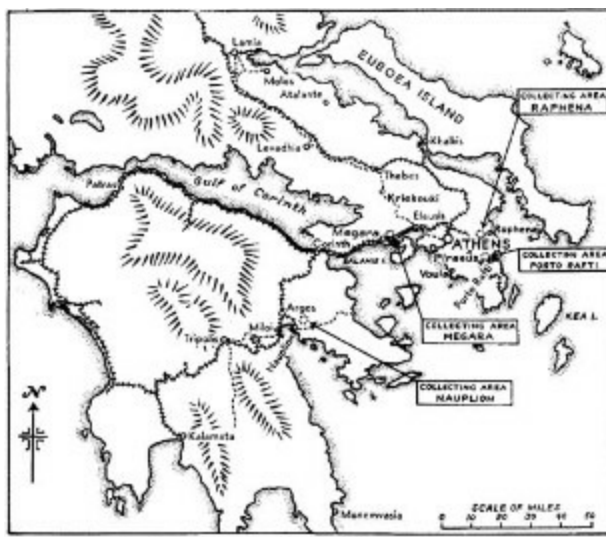
Sixth Field Ambulance was less fortunate. Confusion reigned when the field ambulance convoy reached the central square in **Athens**, a traffic jam resulting in trucks being scattered in all directions. Soon the sky was filled with circling enemy aircraft. Most members of the unit spent the day hiding in olive groves and barley fields at various points on the roadside beyond the city; others, in the general confusion, reached **Hymettus**.

An extraordinary game of hide-and-seek was in progress. To give the enemy no inkling that localities near the beaches at **Porto Rafti**, **Raphena**, and **Marathon** were dispersal areas, the strictest measures of concealment from air observation were maintained. While in hiding the men busied themselves with a further paring down of equipment. Men were limited to a pack or haversack; officers were allowed an extra valise or small case. This meant the dumping of much personal gear. A small quantity of light medical equipment was retained by 5 Field Ambulance, the rest being despatched to **26 General Hospital** at Kephissia. Three motor ambulance convoy cars, which had done excellent service during their association with the New Zealand medical unit, were also sent to the British hospital.



The same dark, moonless night that covered the withdrawal of 6 Brigade from **Thermopylae** also covered the final march of 5 Brigade, and a number of non-combatant units, to the beaches for evacuation. 6 Field Ambulance had first to assemble its scattered parties from their various hideouts. Members of both 5 and 6 Field Ambulances then travelled in unit vehicles to within a mile or two of the beaches at **Porto Rafti**. There the men debussed and, after wrecking the vehicles, marched in silent groups to the beach. The embarkation, facilitated by a perfectly calm sea, was carried out with quiet efficiency. Motor landing craft ferried the men to waiting naval vessels. The **Royal Navy** that night took into its care nearly 5000 New Zealanders, in addition to many British, Australian, Cypriot, and Palestinian troops. Once the troops were on board they were given food and hot cocoa, and everything possible was done for their comfort.

Fifth Field Ambulance embarked on the **Glengyle** with the main body of 6 Field Ambulance. The remainder of the latter unit went with its commanding officer on board the destroyer **HMS Calcutta**, which, with another destroyer, **HMS Perth**, formed a naval escort. Men of 4 Field Hygiene Section, HQ 2 NZ Division, and Col Kenrick and his staff were also included in the **Calcutta's** load of 35 officers and 700 men. By 3 a.m. on 25 April as many men as possible had been embarked, and the convoy put to sea. Later, the convoy was joined by ships pulling out from other beaches. Among them was HMAS **Voyager** with the New Zealand sisters on board.



*Southern Greece showing Evacuation Points*

***Southern Greece showing Evacuation Points***

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## NEW ZEALAND SISTERS EMBARK

### *New Zealand Sisters Embark*

The sisters had remained at Kephissia after the hospital ship *Aba* had been compelled to leave hurriedly without them, until they moved off with 100 British and Australian nurses in eight trucks at 10.45 p.m. on 23 April, with instructions to move to **Argos**, 120 miles to the south. They travelled all night and halted for breakfast at 7 a.m., some ten miles south of **Corinth**. Shortly after resuming, one of the trucks containing 19 nurses of 1 General Hospital overturned at the foot of a steep hill. Fortunately none was seriously hurt although all were injured. After receiving medical attention, they were loaded into two Australian ambulances, which luckily had pulled up just along the road for their occupants to have a meal. It was daylight and there was sharp enemy air activity overhead; the party continued on until 11 a.m., when cover was obtained under the trees in a cemetery. They remained hidden during the day, before setting out at 8.45 p.m. on the last stage of their journey to **Nauplion**.

The trucks could not get within about a mile of the wharf, but the ambulances managed to drive almost to the jetty. By now the injured nurses were feeling the delayed effects of the accident. None could have walked very far; heads were aching and arms, legs, and necks were stiff. They stepped on to an old caique, a Greek fishing boat. Not able to see anything in the darkness, they sat about with their bags on their knees and moved silently out to sea.

After a short time the sides of a big black vessel appeared and then the outline of guns. The **Royal Navy** had arrived, and the 160 women, including **QAIMNS** and Australian sisters, were glad and thankful. Getting aboard the destroyer, HMAS *Voyager*, was no easy matter. The sisters had to jump while the small boat was on the crest of a wave and climb over a network of wires, but with the aid of sailors they managed

fairly well. One sister ( **QAIMNS**) missed her footing and fell into the water but was quickly rescued.

There is little room on a destroyer at any time, but the Navy found places for the sisters without any fuss and bother as if it were the usual thing to have 160 women on a warship. Most found somewhere to sleep, and sleep they did until dawn. During the morning the destroyer dashed in and out of the convoy. There were two alarms and one short raid, when the destroyer's guns went into action. The noise was tremendous, but the Navy's precision was impressive. By 3 p.m. snowy peaks rose from the sea in the distance—the highlands of **Crete**, seeming to rise straight out of the blue waters of the **Mediterranean**. The destroyer steamed ahead with its sleek, low bow cutting the water. A threatened air raid just before she entered **Suda Bay** caused a diversion, but shortly afterwards she proceeded direct to the wharf. It is said that the Commander was sorry to lose his female passengers—he had not been aware of so many clean caps, trousers, and shorts as had appeared on his men in the last few hours.

In the rush to get the ships far enough away from land by day-light to escape concentrated dive-bombing attacks, some troops were left behind. Among these were many men of 5 Field Ambulance. These men drifted in to rejoin the unit from time to time during the days following the arrival of the field ambulance in **Crete**. One party, comprising Maj Fisher, Maj Christie, Capt S. G. de Clive **Lowe**,<sup>20</sup> Lieutenants Lusk, **Gray**,<sup>21</sup> and Moody and 57 men, had embarked on a tank landing craft at **Porto Rafti** too late to reach the ships of the convoy, which had already put to sea. The naval authorities sent the party in the landing craft to the small island of Kea offshore. After remaining hidden on the island for a day and a night, the men marched eight miles across to the eastern side of the island, where they were picked up by a tank landing craft and taken to **Porto Rafti**. That night they were taken on board HMS **Carlisle**, which put them ashore at **Suda Bay** on the evening of 27 April. They rejoined their unit next morning.

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<sup>20</sup> **Maj S. G. de Clive Lowe, m.i.d.; born NZ 27 Feb 1904; Medical Practitioner, Auckland; Medical Officer 5 Fd Amb Mar-May 1941; p.w. Crete, May 1941; repatriated Apr 1945.**

<sup>21</sup> **Capt W. G. Gray, m.i.d.; born Auckland, 13 Jul 1913; Medical Practitioner; Medical Officer 5 Fd Amb Dec 1939-Nov 1941; p.w. Libya, Nov 1941; escaped to Switzerland Nov 1943.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 FIELD AMBULANCE LEAVES THEBES AREA

### *4 Field Ambulance Leaves Thebes Area*

**Anzac Day, for the troops still remaining in Greece, was another day of most intense aerial activity. 6 Brigade had withdrawn the previous night from Thermopylae. To the enemy it must have appeared that the New Zealanders had vanished completely from the face of the earth. Throughout the day low-flying aircraft searched the valleys, diving to the attack with sirens wailing at the least sign of movement. Under cover of darkness, men and trucks emerged from their places of concealment, and the brigade moved back across the Corinth Canal to Miloi, some 30 miles to the south.**

**At the same time, 4 Field Ambulance also moved back across the Corinth Canal. Previously, on completing its move with 4 Brigade to the covering position at Thebes on 23 April, the New Zealand medical unit had occupied an area alongside 2/1 Australian Field Ambulance, 15 miles south of Thebes, taking elaborate precautions for concealment from the air so as not to give away the presence of a considerable concentration of troops in the area. As the Australian field ambulance was operating there, 4 Field Ambulance remained closed. An NCO and 16 men were detached to assist the Australian stretcher-bearers before 4 Field Ambulance withdrew on the night of 25-26 April. After crossing the Corinth Canal, the unit dispersed off the main road in an irrigation area.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## PARATROOP LANDINGS AT CORINTH

### *Paratroop Landings at Corinth*

On reaching the new area, 4 Field Ambulance learned that luck had been in its favour, as a large force of airborne troops had been dropped under bomber and fighter cover on the banks of the **Corinth Canal** soon after the unit had passed over. It was apparent that the enemy wished to secure the bridge across the canal, so cutting off the retreat of the British forces.

It was part of the general withdrawal plan that 4 Brigade should move across the **Corinth Canal** that night. When, therefore, 6 Brigade received a report stating merely that paratroops had landed, the policy of concealment was abandoned, and two companies were sent back to help **Isthmus Force** in the hope of saving the bridge, and another two companies took up covering positions near **Argos**. With the companies speeding to help hold the bridge went an ambulance car from 4 Field Ambulance to assist the RAP in handling wounded. As the troops neared their objective, they came under especially heavy attacks from the air. While evacuating casualties, the ambulance car from 4 Field Ambulance was machine-gunned by enemy aircraft, the driver being killed and the medical orderly suffering serious wounds, from which he later died. An attack was made on the paratroops, and the bridge, already prepared for demolition, was blown.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 GENERAL HOSPITAL DETACHMENT CAPTURED

### *1 General Hospital Detachment Captured*

The seizure of the **Corinth Canal** was the last of a series of misfortunes leading to the capture of the detachment of 1 General Hospital staffing the convalescent hospital at Voulas Camp. The patients under the care of the detachment had rapidly increased to 450 by 19 April. These were sorted out and evacuated until the total was reduced to 200 next day. The order for total evacuation and abandonment of all equipment and personal gear was received at 11.30 p.m. on 21 April. Less than three hours later all patients and staff, comprising about 250 in all, moved out in trucks, accompanied by the New Zealand Mobile Dental Unit and Base Reception staff, heading to the west beyond Eleusis. They were stopped by Movement Control Post at **Megara**, west of **Athens**, and lay up there under olive trees one mile east of **Megara** village for two days, living on bully beef and biscuits. On 24 April the hospital was told to remain where it was, and that it would be evacuated at **Megara** if possible. All very sick patients unable to walk were returned to **26 General Hospital** at Kephissia. That day the remainder marched two miles down the road to an area near **Megara** beach, where they were joined by walking cases from **26 General Hospital** and other units. All the serious cases were sorted for early evacuation, with the fittest remaining to the last. There was much air activity on 25 April and the patients became difficult to manage, but the camp was quiet. All vehicles were destroyed at 5 p.m. and embarkation began from the beach at **Megara** at 9 p.m.

The medical group had the last allocation. An accident to one ship and a delay with lighters held up proceedings, and at 4 a.m. next day there were still 400 men on the beach when the ships moved out. Some of the patients had had several trying days from air activity and were in a very nervous and hysterical state. It was stated then that there would



be no more evacuations from **Megara** and that the next embarkation would be from **Corinth**, 20 miles away. It was necessary to get everyone there somehow. Most of the vehicles had been destroyed, but twelve ambulances and trucks were found to convey over 200 of the worst cases.

In an endeavour to get over the eight-mile **Megara** Pass before daylight, the remaining 200 of the group set out at 4.30 a.m. to walk. This pass had been bombed all the previous day. By dawn the men were strung out along the road; the leading men were over the pass, waiting at a rendezvous for the rest. At daylight enemy planes appeared and patrolled the road continually at about 40 feet, machine-gunning everything. After waiting for two hours, the 100 men at the rendezvous decided to go in small groups over the foothills away from the road and gather in **Corinth** in the later afternoon. Some of those near the road then heard that parachutists had come down about two miles ahead, and that the bombing in **Corinth** was intense. Capt Kirk and others decided to return along the road to the starting point, gathering in those within reach of the road; several trips were made in a truck in spite of the danger from the air. Some men were undecided what to do and did not turn back. By midday about eighty had returned to the starting point at **Megara**. Lt Borrie and Lt **McDonald**,<sup>22</sup> with patients and staff, were captured on the **Corinth** side of the pass in the early afternoon.

At half past three Captains Slater and Neale and Lt Foreman, seeing that no boats appeared to be available, decided to go with the patients by road towards **Athens** in some trucks and ambulances and try to contact 4 Brigade as it withdrew. With them went about forty convalescents and some orderlies from 1 General Hospital. They were captured by German parachutists three miles east of **Megara** village.

The remaining small party, including Capt Kirk, were in favour of escaping by sea. They took cover in a barn, where a Greek informed them that parachutists had landed near **Megara** about a quarter of a mile away. The situation was then very tense with death or capture seeming imminent. Hearing from a Greek that a boat was about to leave the

beach, Capt Kirk decided to dash for the beach through the mile of barley crops, without any trees for cover, while the others preferred to wait till dark. Capt Kirk narrowly escaped being machine-gunned in his dash to the boat, which reached **Crete** after three days' sailing and two days lying up in the islands. The rest of the New Zealand officers and orderlies who had staffed the convalescent hospital were captured.

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<sup>22</sup> **Capt P. N. R. McDonald**; born **Oamaru**, 11 Sep 1897; accountant, **New Plymouth**; **1 NZEF** 1917-18, Private, Machine Gun Corps; Quartermaster 1 Gen Hosp Feb 1940-Apr 1941; p.w. Apr 1941; repatriated Apr 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EVACUATION FROM 26 GENERAL HOSPITAL

### *Evacuation from 26 General Hospital*

After the departure of the main party of their unit from Greece, the 30 orderlies from 1 General Hospital attached to 26 British General Hospital at Kephissia continued with their duties. On 24 April they loaded patients on ambulances for embarkation. They were to report at Force Headquarters at 3 p.m. for embarkation instructions, but were delayed by carrying casualties from Piraeus to Kephissia. They reported at Force Headquarters at 10.30 p.m. and were instructed to join a convoy going to a beach west of Corinth. On the way they found themselves near a large group of 21 NZ Battalion, and to this unit they attached themselves. The *Ulster Prince* ran aground that night (25-26 April) and this reduced the numbers who could be embarked. It was then agreed that any embarkation would most likely be made from one of the beaches farther south. The men lay hidden in an orange grove all day and moved off at 11 p.m. on a seven-mile march to a rendezvous decided upon. During the next day no sea transport appeared off the beach where the men lay hidden. Four of the party formed a stretcher squad and cared for an injured soldier all day, and finally the five were embarked on a boat and transferred to a warship that night (26 April), reaching Egypt safely.

Of the remainder, a party of 21 with S-Sgt Ashworth<sup>23</sup> in charge, reached Argos to the south, and from the port of Nauplion were evacuated to Crete. Here they were attached to 7 British General Hospital.

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<sup>23</sup> S-Sgt G. Ashworth; born England, 10 Jan 1902; male nurse, Palmerston North; Wardmaster 1 Gen Hosp Feb 1940-May 1941; p.w. Crete, Jun 1941; repatriated Oct 1943.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## IN THE PELOPONNESE

### *In the Peloponnese*

After the German airborne assault on the **Corinth Canal** zone, events in the **Peloponnese** moved towards a swift conclusion. **Corinth** had fallen and **Tripolis** was threatened by advancing German columns. At the foot of the pass leading over the ranges to **Tripolis**, A Company, 4 Field Ambulance, at the request of HQ 6 Infantry Brigade, had established a dressing station.

On the evening of 26 April, HQ and B Companies withdrew over the pass and sought cover in a forest reserve about three miles south-east of **Tripolis**. The area previously had been reconnoitred by Capt **Tremewan**<sup>24</sup> and Capt Loeber, NZDC,<sup>25</sup> in a hazardous daylight trip.

By dawn of the next day, wounded from various units were reaching the area in considerable numbers, and in order to accommodate them and give them all possible attention, 4 Field Ambulance opened a dressing station in a Greek church alongside the reserve. Much assistance was given the medical men and orderlies by civilian helpers and a Greek priest.

The benign old priest, his eyes flooded with tears, supported a dying soldier while Padre Bicknell held a cup of cold water to his lips. As the villagers heard of the presence of wounded men they came endlessly with their gifts—eggs, bread, and even a plucked fowl. A Greek soldier held a mirror for a wounded man while he tried to shave himself, a second Greek soldier supporting him. This was typical of the unselfish service seen that day. In a little cemetery, about 500 yards along the road leading from the church, two New Zealand soldiers were buried that afternoon.

At this time 25 Battalion was holding a road-block in the pass

between **Miloi** and **Tripolis**, while 24 Battalion guarded the remaining approaches to this key town. The brigade's orders were to hold these positions until dark and then move as quickly as possible to a dispersal area near the beach at **Monemvasia**. 26 Battalion journeyed south during the afternoon, and the other battalions began their withdrawal under cover of darkness. 4 Field Ambulance joined in this last stage of the withdrawal, its three remaining 3-ton trucks and three ambulance cars lifting members of the unit and 37 wounded in circumstances as comfortable as possible, and covering the 90-mile journey over difficult and unknown roads to the dispersal area during the night.

All through the next day, men and vehicles sheltered under every form of available cover a few miles from the beach at **Monemvasia**. Enemy aircraft kept up a relentless search but failed to find our troops. New Zealanders and some Australians were disposed in readiness to meet a possible attack. Plans were made for the final evacuation. In an effort to get everyone aboard the destroyers that night, it was decided to use a number of small boats and a Greek caique which had been found on the beach.

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<sup>24</sup> **Capt H. C. Tremewan**; born NZ, 20 Jun 1914; House Surgeon, Wellington Hospital; Medical Officer 4 Fd Amb Sep 1939-Feb 1940; 20 Bn Feb-Oct 1940; 4 Fd Amb Oct 1940-Nov 1941; p.w. **Libya**, Nov 1941; repatriated May 1943.

<sup>25</sup> **Capt C. C. Loeber**; born **Auckland**, 2 Jul 1913; Dental Surgeon, **Auckland**; Dental Officer 4 Fd Amb.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EVACUATION OF 4 FIELD AMBULANCE

### *Evacuation of 4 Field Ambulance*

That evening (28 April) the vehicles were used to transport the men to the beach; then they were destroyed. Some were drained of oil and the engines run until they seized, holes were punched in petrol tanks, vital parts were removed and smashed or hidden, tires were slashed, and many vehicles were driven over a cliff into the sea. Then followed a long, anxious wait until, at last, destroyers came into the bay and embarkation began.

About midnight one landing craft was loaded with some of the stretcher cases and moved off into the darkness of the bay, while those on shore awaited her return with some anxiety. At last she pulled in again, but to the consternation of all, the wounded were still on board. The destroyer to which she had gone was unable to load stretcher cases as she had no suitable gear. An appeal to the officer in charge of the embarkation brought the reply that the *Ajax* would be coming in at half past one in the morning and the wounded would be able to go on her. An anxious hour followed. The troops were being rapidly embarked into other suitable ships, and the medical group in charge of the wounded began to wonder whether daylight would find them sitting forlornly on the beach. However, shortly after half past one there slid into the bay a dark shape larger than any that had preceded it. This was the *Ajax*, and in a remarkably short time all the wounded were loaded and accommodated in the captain's day cabin, each with a large mug of steaming cocoa.

With the delays, it looked as though many men would have to be left behind, but fortunately more ships arrived. To escape enemy air action the ships were to have sailed at 3 a.m., but it was decided to risk another hour. Eventually, by pressing into service every type of craft that would float, everyone was got aboard before four o'clock, and the

ships moved off at full speed for **Crete**. As Capt Moore said:

‘RSM Bunckenburg <sup>26</sup> had organised the field ambulance orderlies and the wounded on the beach. Prominent figures were coming and going, and the grey shape beside you on the promontory and twin jetties of **Monemvasia** might turn out to be a general, an admiral, or a humble, exhausted private.

‘Pathetic heaps of packs lay abandoned on the sand. What a grand haul of loot for the first Greeks or Germans when dawn came! RSM Bunckenburg was grimly guarding the last of the unit records. We had a long wait till the landing craft took out the stretcher cases, seven at a time, and the last of the wounded and medical personnel went aboard. Meanwhile, a great grey column of men filed past, were forced to discard excess baggage, and were embarked in a great variety of small craft. The **Ajax** risked that extra half-hour or so which might have exposed her to the bombers, and the last of the wounded were hauled aboard on her platform—a more expeditious loading than some hospital ships could have achieved. We were not quite the last on board, for **General Freyberg**'s great figure appeared in the wardroom while we were busy on bowls of soup, fresh bread and butter, and boiled eggs. The Navy not only took us off—it transported us in luxury.’

The men of 4 Field Ambulance and their patients reached **Suda Bay** in a few hours, and a transfer of troops to other ships was begun immediately. The field ambulance men went aboard the **Thurland Castle**, which was crammed with 3000 troops, and left for Egypt at midday in a convoy escorted by about a dozen mixed naval vessels. Enemy aircraft made several attempts to scatter the convoy, and between **Crete** and the Dodecanese Islands a German E-boat made an abortive hit-and-run attack. More vessels joined the convoy, and by next morning there were in all 27 ships, the naval escort including the aircraft carrier *Formidable* and two battleships, *Warspite* and *Barham*. The day passed without serious interference by the enemy, and at dusk the **Thurland Castle** set her course for **Port Said**, while the rest of the

convoy went to **Alexandria**.

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<sup>26</sup> Cpt H. H. Bunckenburg; born **Wellington**, 28 May 1912; quantity surveyor, **Wellington**; RSM 4 Fd Amb Nov 1939-Nov 1941; Adjutant Medical Training Depot, **Trentham**, Jan 1942-Sep 1944, and OC Sep 1944-Jan 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WITH 4 BRIGADE IN THE LAST STAND

### *With 4 Brigade in the Last Stand*

Sgt Price<sup>27</sup> and the 16 stretcher-bearers from A Company, 4 Field Ambulance, who were attached to 2/1 Australian Field Ambulance, had an exciting time with 4 Brigade before getting away from Greece. While 5 Brigade moved to beaches near Porto Rafti, Raphena and Marathon, east of Athens, and embarked, and 6 Brigade moved across the Corinth canal to the Peloponnese, 4 Brigade remained hidden in its rearguard defensive positions near Kriekouki. Not until the morning of 26 April did the enemy know the New Zealanders were there; not until an enemy column of 100 vehicles driving confidently down the main road towards the pass they covered was rudely halted by artillery fire. During the afternoon news was received of the paratroop landing near Corinth Bridge, across which 4 Brigade was to withdraw that night. For a time the brigade was in an exceedingly awkward position, with enemy movements threatening it from both the east and the rear. Fortunately the Royal Navy was able to arrange to embark the brigade group at Porto Rafti beach, south-east of Athens.

The group withdrew that night in readiness. The next day, as the New Zealanders and Australians moved into positions from which to defend their route to the beaches, coming under aerial attack as they did so, was one of the most trying the Anzacs had ever known. German tanks, guns, and troops were pouring into and beyond Athens, and at any moment a tank attack in force was expected. But no attack came, and that night the troops were able to embark and get safely away to Crete.

During the evacuation of Greece twelve medical officers and 24 orderlies were made available for duty on the troop-carriers going from Egypt to Greece and back. All the transports on which these New Zealanders served went unscathed, except for the Dutch ship *Slamat*,

which on its return journey from Greece on 27 April was attacked from the air. While Capt L. Douglas<sup>28</sup> and Lt J. W. Newlands<sup>29</sup> were going towards the bridge to render medical service, an incendiary bomb struck the ship. The troops launched the lifeboats, which were machine-gunned by the plane. Some of the men were taken on board a destroyer, but this was torpedoed later in the day. Only one of the men in the medical duty party on the *Slamat* survived. Capt Douglas and Lt Newlands were the first of the small number of medical officers to be killed in action.



*New Zealand Sisters at Suda Bay, Crete*  
***New Zealand Sisters at Suda Bay, Crete***

*7 British General Hospital near Canea*



***7 British General Hospital near Canea***



*Wounded German paratroops treated at 5 Field Ambulance, Modhion, Crete*

***Wounded German paratroops treated at 5 Field Ambulance, [Modhion, Crete](#)***

*Wounded sheltering in a ditch at 6 Field Ambulance, near Canea*



***Wounded sheltering in a ditch at 6 Field Ambulance, near [Canea](#)***

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**<sup>27</sup> Lt J. R. Price**; born Dunedin, 13 May 1918; wood machinist, **Christchurch**; 4 Fd Amb Oct 1939-Oct 1942; Lt QM Maadi Camp Hospital, Oct 1942-Dec 1943; 4 Fd Amb Jan-Apr 1944.

**<sup>28</sup> Capt L. Douglas**; born **Oamaru**, 2 Aug 1901; Surgeon, **Oamaru**; Medical Officer 2 Gen Hosp May 1940-Apr 1941; killed in action 27 Apr 1941.

**<sup>29</sup> Lt J. W. Newlands**; born **Oamaru**, 17 Aug 1915; Medical Practitioner, Dunedin; Medical Officer Maadi Camp 1941; killed in action 27 Apr 1941.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

ANZAC Day, 1941, found all the field medical units, except 4 Field Ambulance, in the Navy's care. The *Glengyle* was convoyed southwards with other ships and was crowded to capacity with Tommies, Aussies, and Kiwis, including the members of 5 Field Ambulance and the main body of the 6th. They were not yet out of reach of the *Luftwaffe*. On board the *Glengyle* dressing stations were set up amidships and aft, as an air attack was expected. It came soon after midday, and all ships in the convoy opened fire to give the bombing and strafing planes a warm reception. All the ships reached the naval base of *Suda Bay, Crete*, towards evening without mishap.

From the crowded decks the tired troops saw a township ( *Suda* ) nestling against rolling country, which rose to the massive *White Mountains* still crested with snow. In *Suda Bay* small boats of every type scurried urgently from ship to shore, for enemy aircraft could, and did, find an easy target. From the single quay the men of the medical units set out on a march of a few miles to a transit camp near *Canea*.

Beside the dusty white road which led to the transit camp was a field kitchen among the olives, where hundreds were waiting in a long queue for a cup of tea, oranges, and sandwiches. Many slept along the road or under the olive or orange trees; they were tired and worn out, and neither knew nor cared much where they were. Most of the units collected at the transit camp, which was really nothing more than olive groves and rolling country, without tents or shelter except for the twisted old olive trees.

The medical units would have liked to rest and recuperate, but there was work to do, especially for 6 Field Ambulance. First of all there was the task of attending to the needs of some hundreds of casualties who were beginning to assemble, many of them wounded or sick, and all exhausted and in need of attention. The means of giving such attention

were scanty. Some tents and a small supply of dressings and stretchers were obtained from **7 General Hospital**, a British field hospital already on the island, and with this and such medical gear as the men had managed to carry, an improvised dressing station was hastily set up. The only transport available was requisitioned to bring in casualties and sick from the convoys arriving at **Suda Bay**, and the walking wounded were streaming in steadily, many of them with wounds which had not been dressed for almost a week.

Next day the stream continued and the little dressing station was working under pressure. More dressings were obtained from the British garrison field ambulance, and something like a thousand men in all were given essential treatment and, with but the crudest cooking facilities, were provided with food and hot drinks. Accommodation was the greatest difficulty. The more serious cases were taken by **7 British General Hospital**, whose tented wards were however limited, and some were given shelter and attention by a company of 189 British Field Ambulance, though for the majority a depot was organised next to the dressing station with food and blankets for the men but with very little else.

On the morning of 27 April, 5 Field Ambulance marched eight miles with 5 Brigade to positions west of **Canea** on the coast. On the march the men passed **7 General Hospital**, where the nurses of **1 NZ General Hospital** gave them a cheer as they went past. 4 Field Hygiene Section had been attached to 5 Field Ambulance, and S-Sgt Ashworth and 18 orderlies from 1 General Hospital, who had escaped to **Crete** after the bulk of their unit had gone to Egypt, were also attached for the move. On the arrival of the unit at **Ay Marina**, where a skeleton MDS was set up, these orderlies were posted to **7 General Hospital**.

B Company, 6 Field Ambulance, marched several miles westwards on 27 April to set up an ADS in an area adjoining **7 General Hospital**. Here they were shortly afterwards joined by the remainder of the unit to run an MDS for 4 Brigade.



It had been decided that the retention of **Crete** was of vital importance to British operations in the Eastern Mediterranean and that the island was to be held at all costs. On 30 April **General Freyberg** was appointed to command the Allied Forces in **Crete**. Col Kenrick was appointed to his staff as DDMS Creforce, with Maj J. K. Elliott as his DADMS. Lt-Col Bull was made ADMS NZ Division, and **Maj Plimmer** took over command of 6 Field Ambulance. Available for the defence of the island were Greeks, Cretans, British, Australians, and New Zealanders, mostly of weak battalions evacuated from **Greece**, and all ill-equipped. **RAF** cover was an impossibility and it was realised that the force would have to hold on without air support. Supply, too, was an almost insuperable problem, and only a minimum of materials and supplies reached the island.

**Crete** is 160 miles long and 40 miles wide at its broadest part. To the south is a backbone of high mountains rising in places to 6000 feet, with the southern ports, mainly fishing villages, nestling beneath the mountain ranges. From its northern coastline the country rolls back in vineyards and olive and citrus groves to the hills and snow-capped mountains. Most of the island is hilly or mountainous.

In the western end of the island the New Zealanders were concerned mainly with the defence of **Maleme** airfield, the Aghya Prison valley, and the coast between **Maleme** and **Canea**. 5 Brigade was at **Maleme** and 4 Brigade in positions west of **Canea**. The troops were living in the open under the trees, with little or no kit or equipment, and armed merely with Bren guns, tommy guns, and rifles; there were only a few mortars, heavy machine guns, and vehicles.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 FIELD AMBULANCE

### *6 Field Ambulance*

For just over three weeks after landing in **Crete**, 6 Field Ambulance operated its small MDS below **Galatas**, treating a number of sick from 4 Brigade units and at the same time assisting **7 General Hospital**, which was understaffed. One company provided 50-odd men to work in the wards and on general duties at the hospital, while the remainder of the unit ran the MDS. One runabout truck, the only vehicle, was used for all purposes at the MDS. Using open wood fires but without an axe, and with only improvised cooking utensils, petrol tins, and so on, the cook worked wonders. Rations were short, but the little Cretan children would bring around the camp brown bread, boiled eggs, and sweet, juicy oranges, which seemed to be in abundance, and which could be bought for a few drachmae or cigarettes, as long as these lasted. There was a little tentage available for the dressing station, but the men all slept out under the olives, two or three together for warmth, as it was cold at nights and they had but few blankets. Sharply conscious of their experience in **Greece**, they all made for themselves, with the few implements available, dugouts or slit trenches, and one or two built improvised shelters with branches, straw, or any other odd material they could pick up.

Conditions were primitive, but the weather was fine and warm during the day, the countryside attractive, and the life pleasant; comforts were little missed. While **Canea** had little to offer, it was possible to get leave there, and one could buy a meal at the **Naafi** canteen or drink dubious, coloured liquors at its café bars. It was a good walk from the camp though, with no alternative but to walk. At **Galatas** there was a New Zealand **YMCA** providing tea, biscuits, and chocolate.

**Galatas**, a mile or so away on the hill behind 6 MDS, was a little village with a main square and dirty, narrow streets, surmounted by a

**small church with a tall tower, making a prominent landmark. The more favoured resort was a tiny village a few hundred yards or so from the camp, just a small group of houses with one 'Turkish' café. This café, besides supplying wine, cognac, and some more fiery and potent concoctions, possessed a wireless round which the men would gather to hear the BBC news, their only contact with the outside world, a little music, and once the voice of Lord Haw-Haw—'New Zealanders, you are on the isle of doom'.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE

### *5 Field Ambulance*

The operative section of 5 Field Ambulance set up a dressing station in a stream bed at **Ay Marina**, with A and B Companies occupying areas on its slopes, parts of which were steep and rocky. HQ Company was a short distance away on the edge of a small clearing among some very ancient olive trees, overlooking the edge of the scattered village, with glimpses of the sea and the barren Theodoroi Island off the coast. It was also well placed to catch the first glimpse of the itinerant orange sellers. Until air activity made it imprudent, swimming was possible, but fishing was forbidden as the use of civilian craft in these waters was prohibited. In the taverns more good cheer resulted from seeing a Messerschmitt dive into the sea than from the slender local wine supply.

At **Ay Marina** quite an extensive private practice was carried on by the unit's medical officers. The people showed their gratitude by supplying them with milk and eggs, with crassi (wine), and by doing their laundry.

Despite minor difficulties with the deleterious effect of crassi on the discipline of the susceptible, and the enervating midday heat, morale was rapidly restored, though the unexpected calm lent a sense of unreality to preparations for the coming assault.

Medical stores were always scanty and never adequate. Even splinting had to be improvised at first, but distributions from the limited resources of British units longer established on the island permitted a resumption of technical training and the holding of minor sickness cases and injured.

Early admissions were treated in well-sited tents—in comparative comfort after the stony unit bivvies. There was a dearth of drugs even up

to the time of the German landing. Later, it was to an enthusiastic band of Cretan villagers at **Modhion**, organised by a young Cretan woman, **Frosso Parasoulioti**, that the unit owed many of its larger dressings, bandages, and **Red Cross** signs. These volunteers worked continuously on the days before and immediately after the invasion. Once the unit's needs were made known to the villagers many other supplies were brought in: citrus fruit, sultanas, wine, oil and, what promised best of all, information as to the whereabouts of a **Canea** pharmacist's bulk store. Though a guide was provided early on the second morning of the invasion and the chemist's house was found, it was not possible to force an entrance to the passage in which the drugs were supposedly stored: only a few ampoules of quinine and calcium were brought back.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE SISTERS

### *The Sisters*

The New Zealand sisters, along with the other sisters from Greece, went temporarily to **7 British General Hospital** near **Canea** when they reached **Crete**. This hospital was still being set up and had then been open only a week. Without a nursing staff, it had been receiving from 300 to 400 patients daily. Miss Mackay immediately assumed the duties of Matron and organised the nursing staff from English, Australian and New Zealand sisters. The surgical wards and theatres were staffed entirely by New Zealand sisters, and the officer in charge of the surgical division stated that he had never been so well served by any other theatre staff, either in civilian practice or in the Army.

Miss Mackay, with her cheerfulness, tact, and coolness at the most difficult times, set a standard which could not fail to be an inspiration to all who were associated with her. All the sisters frequently had to take shelter in crops and olive groves during air raids, but not one complained. Excellent work was done by **Sister M. E. Jackson**<sup>1</sup> while in charge of the operating theatre.

Fortunately the weather was fine; in fact, it was hot and dusty. The wind was a nuisance, for it raised the dust in the daytime and made the temperature cold at night; there seemed always to be a breeze from the sea or from the highlands. Many sisters will recall the earnestness and sincerity of the church service held in the open air on their first and only Sunday morning in **Crete**.

It was a blessing that it did not rain, as all meals were eaten outside, and after two nights in tents the sisters vacated them to make room for patients. They made their beds on the ground and hung their few possessions where they could.

On 28 April it was decided to move the New Zealand sisters to billets in **Galatas**, where the New Zealand headquarters was established at the time, about a mile and a half from the hospital. The bags and the disabled sisters went by the only available truck; the remainder straggled up the hill in the heat of the day.

The stay at **Galatas** was short, for the sisters were sent on to Egypt by Col Kenrick as soon as possible. At 4 a.m. on 29 April they were called and before dawn were away in trucks heading for **Suda Bay**. As they sat around at the port for a few hours waiting to embark, they saw walking wounded coming down from the hills, where they had taken refuge after the Navy had brought them from **Greece**. At 9 a.m. they embarked, this time on the small Greek ship *Ionia*, about the size of New Zealand's *Tamahine*.

There were hundreds on board (180 sisters, 500 walking wounded, and 200 fit men), but the crew, fearful of raids, had fled to the hills, so volunteers stoked the ship. Australians were in charge and gave the sisters the few available cabins. They were resting places but proved very hot and stuffy under blackout conditions at night. The voyage was a slow one. The first night was one of apprehension for there were enemy air attacks, but later a strong naval escort was provided and the rest of the voyage was calm and quiet. Just over 48 hours after leaving **Crete**, the ship arrived at **Alexandria** on 1 May, all on board safe and glad to be back in Egypt. Although a bit dishevelled and many of them hatless, the sisters were glad to see familiar faces on the wharf. Miss Nutsey, Matron-in-Chief, welcomed them at **Alexandria**, and showed her obvious relief at their return after being 'lost'.

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<sup>1</sup> **Matron Miss M. E. Jackson**, RRC; born **Auckland**, 11 Jan 1900; Sister, Auckland Hospital; Sister 1 Gen Hosp May 1940-Apr 1942; Charge Sister 3 Gen Hosp Apr 1942-Nov 1943; Matron 3 Gen Hosp Nov 1943-Jul 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## AIR ATTACK ON CRETE

### *Air Attack on Crete*

Up to 12 May the enemy air force had concentrated its attacks on shipping to and from **Crete** and on **Suda Bay**. Then, from 13 May onwards, with the completion of new airfields in **Greece** and on the island of Melos, the Germans increased the scale of their attack to include the airfields at **Heraklion** and **Maleme**. Fighter aircraft carried out low-flying attacks or provided escort for bombers and dive-bombers. Gradually our air force was eliminated, and on 19 May the few remaining pilots and planes were withdrawn from the unequal struggle and returned to Egypt.

At dusk on 13 May enemy aircraft heavily blitzed the airfield at **Maleme** for an hour; that evening several casualties were admitted to 5 MDS. Again next afternoon further air attacks were made on the same area. The expected invasion was drawing steadily nearer.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE MOVES TO MODHION

### *5 Field Ambulance Moves to Modhion*

At first 5 Field Ambulance was situated near the coast at **Ay Marina** between 4 Brigade, around **Canea**, and 5 Brigade, in the **Platanias-Maleme** area to the west. Then, on 17 May, at a conference at HQ 5 Brigade, it was agreed that the location of the MDS at **Ay Marina** was too insecure and insufficiently protected by the troops deployed in the defensive positions, and that CO 5 Field Ambulance should reconnoitre a site near the village of **Modhion**, where 5 Brigade units would be between the MDS and the coast. As a pillion-rider on a motor cycle, Lt-Col Twigg surveyed the area and chose a site on the outskirts of **Modhion**, near a road running south from the main **Canea- Maleme** road. The distance in a straight line from **Maleme** airfield was about two and a half miles. Towards the coast, in undulating country, Maoris and Engineers were dug in, and beyond them to the west was the rest of 5 Brigade.

A two-storied house, the local *choropsolakia* or *gendarmerie*, was taken over to accommodate the receiving and dressing stations and the more serious cases, further accommodation being made available in the basements of nearby houses and in tents. The unit moved in on the afternoon of 17 May, after a march from **Ay Marina**. Its transport then consisted of one 15-cwt. truck only, but vehicles of an ASC unit were also used to carry such equipment as the unit had by then gathered together.

In the main, the medical equipment was that carried out of **Greece**, and consisted of 15 surgical haversacks and three medical companions, supplemented by sets of surgical instruments supplied personally by various medical officers. Some supplies of dressings had been obtained on the island, but these were very limited, and an allotment of **Red Cross** stores, mainly bandages and dressings, had arrived from Egypt a few days previously. Only 20 stretchers had been retained, along with a

proportionate quota of blankets, but these had been supplemented by 50 stretchers and 100 blankets from **7 General Hospital**, which had also supplied bandages and dressings and an invaluable drum of plaster of **Paris**.

Upon the establishment of 5 MDS at **Modhion**, this equipment enabled the medical officers to do major surgery in a small room which was prepared as an operating theatre. The operating table was improvised from a door supported on boxes, and sterilisers were made from petrol tins. There were no rubber gloves and a very limited supply of antiseptics was available.

From the MDS at **Modhion** a long ridge extended northwards towards the sea. To the east was a steep, narrow valley carrying a good road, which turned westwards into the village above the MDS, from which it was possible to overlook the small dome of the church at **Pirgos** and to glimpse the sea, the beach being hidden by a fold in the ground. A portion of the ridge a short distance northwards provided gun positions for several captured Italian guns without sights. The surrounding slopes were steeply terraced, and the southern extension of the valley was occupied by a very old olive grove, whose hollow trees and recumbent lower branches afforded excellent shelter for those not immediately needed in the work of the dressing station.

The tempo and intensity of the air attack, mostly in the early mornings, increased sharply, though little damage or casualties resulted because of the excellent concealment and the haphazard nature of the bombing. The puncture of a quartermaster's treasured lilo was among the more serious results of these early-morning attacks at **Modhion**.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## AT 6 FIELD AMBULANCE

### *At 6 Field Ambulance*

There had been a time of comparative quiet and rest for 6 Field Ambulance. Comparative quiet, for the **Luftwaffe** confined its operations to **Suda** and **Maleme** and left the area just west of **Canea** alone—and comparative rest, for the duties at 6 MDS, caring for a few cases of minor sickness, or at **7 General Hospital** were not onerous and the men were spelled. A little later 6 Field Ambulance also opened a convalescent depot adjoining the MDS for men discharged from **7 General Hospital**, but this did not place any great burden on the unit.

The work of the MDS went on quietly and steadily until 18 May, when a bomber pilot released his stick of bombs across **7 General Hospital** lines, even though some of the buildings and the hospital area were clearly marked with Red Crosses, and killed and wounded several of the hospital staff.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## INVASION

### *Invasion*

On 20 May there was the usual early-morning blitz of **Maleme** airfield and then all was quiet, but at ten minutes to eight the bells and sirens from **Canea** to **Maleme** were ringing again and from that moment there was no quiet for our troops on **Crete**. The enemy air attack was heavier than anything previously experienced. Wave after wave of bombers came in, escorted by swarms of fighters. Stuka dive-bombers, with screaming sirens, and swift Messerschmitts bombed and methodically strafed the countryside from **Suda** to the valley running south-west of **Maleme**, around **Canea**, over the rolling hills of **Galatas** and down to the sea. For almost an hour the pounding of bombs and the tearing rattle of machine-gun fire continued; over the hospital and the ambulance area they came regardless of Red Crosses, first with a line of bombs which sent up great spouts of earth with a thundering blast, and then with their deadly hail of fire, setting alight hospital wards and tentage.<sup>2</sup> Then from the west, in groups of three, came the big Junkers 52s—group after group of them; and from underneath appeared white specks which fluttered down to earth over the olive trees. They were paratroops; hundreds of them jumped and swung to earth. Stubby, broad-winged gliders swiftly and silently floated in, and settled to earth in the Aghya Prison valley and in the valley beyond **Maleme**. From among the olive trees came drifts of bluish smoke and the dry rattle of Bren guns as New Zealanders opened fire on the invaders.

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<sup>2</sup> There is some evidence to suggest that attacks on medical units on **Crete** may have arisen from ignorance of the identity of the units rather than a deliberate breach of the Geneva Convention.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CAPTURE OF 6 FIELD AMBULANCE

### *Capture of 6 Field Ambulance*

The invasion had caught 6 Field Ambulance at breakfast. The men took cover and, while the **Luftwaffe** roared incessantly overhead, lay hidden in their dugouts and slit trenches and listened to the fury that was loosed above for an hour and a half or more. Some wards and the dispensary and medical store over at **7 General Hospital** were set on fire.

A member of 6 Field Ambulance, Cpl P **Curtis**,<sup>3</sup> tells the story of the next stage:

‘After what seemed an eternity things relaxed a little, when suddenly a shadow slipped over our heads and I looked up to see a glider disappearing behind the olive trees, a little too low for comfort. This left no doubt of Jerry's intentions. Paratroops, too, started to appear in the sky like flowers suddenly opening.

‘Shortly after this, shots were exchanged just behind us and coming nearer. Then we heard guttural voices which seemed to come from all directions. We had erected a canvas structure over our beds which was between us and a Jerry. A tommy gun chattered near at hand, and looking up I saw the head and shoulders of a paratrooper with his back to us firing into our bivouac. We jumped out of our trench but were immediately covered by others on the left and right. The one immediately in front swung round.... I felt we were for it, but he aimed a kick at my companion and motioned us to proceed to our ground flag some twenty yards away, where other members of the unit were already seated. The round-up then began in earnest, and presently some 250 patients and staff arrived from the hospital. One gentleman appeared without any pants, but was given permission to retrieve them!

‘The German officer in charge, who could speak reasonable English,

then explained the position but seemed rather annoyed at a complete lack of seriousness which came over the company gathered round the flag. Photos were taken and a lunch of bully and biscuits provided, the Jerries helping themselves to the tinned peas and fruit. The officer told us that we had been blitzed because our area was wanted for a seaborne landing, and that we were to be taken during the night to the plain behind **Galatas**. He then produced a map of the island showing the location of every well. The deep well which some of our chaps had dug next to the cookhouse to save themselves the trouble of water-carrying was the only one not marked—hence the extra strafing of our “machine-gun nest”.’

**Lt-Col Plimmer** had been ordered by an enemy parachutist to surrender, and while getting out of his trench unarmed he was shot through the abdomen. He died within a short while.

At **7 General Hospital** close by, a wounded German pilot, formerly a patient at the hospital but now armed with a tommy gun, assisted to round up the patients and staff, with whom were the ambulance men quartered at the hospital. It was a grim sight to see charred bodies of patients in some of the burnt-out ward tents, and Pte D. W. **Sampson**,<sup>4</sup> pointing to the many wounded, remonstrated with the Germans, but to no effect. The prisoners from the hospital were also herded around the **Red Cross** flag in the field ambulance area, although some were able to avoid capture and remained with the more seriously ill hospital patients who could not be moved.

Out in the open the captive party, several hundred in all, remained for some hours gazing into the muzzle of a spandau, with guards armed with tommy guns covering them from the sides. Padre **Hopkins**,<sup>5</sup> with a few men, was permitted to conduct the burial of **Lt-Col Plimmer**, and Capt Lovell, Lt Ballantyne, and two others were sent under guard to **7 General Hospital** to carry out further treatment on a German with a severe chest wound. During the morning several wounded in the area were tended by the medical officers and men of the units.

In the early afternoon the whole party, under cover of the olive trees, was marched off up the valley behind the camps and up the hill ridge leading towards **Galatas**, carrying with them some of the wounded in blankets and with their German captors distributed along both flanks and in front and rear. In an attempt to shoot the paratroopers, a patrol from 19 Battalion opened fire on the party as they were on the ridge near the top of a hill. The German bringing up the rear of the party was hit by a burst of machine-gun fire across his body, squealed loudly, and fell in his tracks. Three men from the ambulance were killed and several others wounded. In something of a panic, many yelled to the infantrymen to stop, and they were obliged to hold their fire while the Germans hurried their captives on over the hill.

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<sup>3</sup> **WO I P. Curtis**; born **Timaru**, 16 Mar 1919; medical student, Marton; NCO 6 Fd Amb 1940-41; 1 Mob CCS Oct 1941-May 1945.

<sup>4</sup> **L-Sgt D. W. Sampson**, m.i.d.; born **Christchurch**, 22 Jun 1915; chemist's assistant, **Invercargill**.

<sup>5</sup> **Rev. H. I. Hopkins**, m.i.d.; born Dunedin, 30 Aug 1908; Anglican Minister, **Temuka**; p.w. May 1941.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## RELEASE OF 6 FIELD AMBULANCE

### *Release of 6 Field Ambulance*

Guards and prisoners straggled across country towards **Galatas** and later in the afternoon were again picked up by a 19 Battalion patrol, when near the top of a terraced hillside. Taking cover behind a low stone wall, the paratroopers, numbering about a dozen at this stage, went into action, while the patients and men of the medical units huddled on the terrace in front of them, between the opposing forces. Rifle and Bren bullets were flying directly overhead in continuous fire, uncomfortably close; too close, for a burst of Bren-gun fire which fell short into the middle of the party had fatal results. Two were killed, and the dozen or more wounded were treated with some difficulty on the spot. After an hour and a half of action the Germans were encircled, killed, or captured and the party was released.

In 19 Battalion's lines, and later behind positions held by 20 Battalion near **Canea**, which some eventually reached late in the night, they were given much-needed food and some water. Next day the men of 6 Field Ambulance straggled back and rejoined Capt Lovell's small party, and the men and patients from **7 General Hospital** moved to where the hospital was functioning in caves on the sea coast.

After leaving the others, Capt Lovell with his party had repaired to one of the hospital tents at **7 General Hospital**. Shortly afterwards men of 18 Battalion recaptured the area and provided them with an escort for their safe conduct to HQ 4 Brigade. It was, of course, vitally necessary to establish a dressing station immediately, and one was set up near the coast in a culvert which cut across the **Canea- Maleme** road, some two miles or so east of the previous MDS position. If they were to render any medical services to the many who would now require them, it was necessary that equipment should be obtained. With an armed escort supplied by 18 Battalion, Lt Ballantyne and two men returned to the old

site and salvaged as much of the medical supplies as possible, and the new dressing station was prepared to receive and treat patients. Maj Fisher was appointed to command the unit.

At **7 General Hospital**, those who had remained continued work and the theatre was in use through the night. It was then decided to carry the remaining patients to some fishermen's caves, which provided shelter from attack but little in the way of facilities. Here the hospital carried on for some time. At nights the staff returned to the tented theatre to work, until it was eventually bombed and rendered useless.

Of the next two days Cpl Curtis of 6 Field Ambulance wrote:

‘With the coming of dawn on 21 May, we found we were on the seaward side of the coast road about half a mile from the beach. Through the centre of the area, which could almost be termed a valley because of the low hills on either side which swept down to the beach, ran a deep, zigzag watercourse, dry and fairly wide. This passed under the road in a large concrete culvert, and over the greater part of the grass-covered area were the inevitable olive trees in their orderly rows. Towards the sea, at the edge of the olive grove, stood a small, two-roomed cottage, and about fifty yards nearer **Maleme** was a larger one on the hillside; both were occupied by Cretan civilians.

‘Naturally, after our experience of the previous day, it was suspected that the **Red Cross** was fair game, so no effort was made to advertise our existence. The culvert was “transformed” into an operating theatre, the watercourse into a ward, using scraps of salvaged canvas for cover, camouflaged with leaves and soil.

‘A camp stretcher, placed in the centre of the culvert, formed the table with just space enough on either side for the surgeons; head room was almost nil. A small fish kettle on a primus stove and an enamel plate formed the sterilising unit, and was adequate for the few instruments salvaged from the **7 General Hospital** that we possessed. Anæsthetics consisted of a small stock of pentothal sodium and some

**Greek brandy and whisky kindly given us by 18 Battalion across the road. Blood was, of course, not available in bottles. Incredible as it may seem, successful operations of a major type were performed and the patients transported in a 15-cwt. truck to the Naval hospital on the other side of Canea. Rations were collected on the return trip. These consisted mainly of bully and biscuits, which our cooks turned into some excellent stews, and tea—water being obtained from a nearby well.**

**‘During the day other members of the unit turned up and a salvage party was despatched to our former area. Wounded arrived in small groups, but from this point of view things were quiet. Captured medical supplies were gratefully received, and with the help of some prisoners the labels were translated. The truth of this was rapidly tested by our offering to use them as guinea-pigs! A dump of blankets and stretchers also made its appearance and gradually the ghost of a field ambulance was created from literally nothing.**

**‘However, as the day wore on our position slowly deteriorated. Trucks and a few Bren carriers passing over the culvert showered the patients with dust and grit. Their presence was too much for the attentive Jerry pilots who bombed and shot-up the road all day long. This also put an end to our ambulance ferry during the daylight hours. There was hardly a minute free from the shattering roar of their motors, the horrible bursts of machine-gun fire which brought blue smoke pouring from their noses like great dragons, and the swaying of the olives from the slipstream as they flew in from the sea, sweeping up our valley so low that one ducked instinctively to avoid collision. Strangely enough our activities seemed to pass unnoticed, as we were not attacked once on that first day in the culvert.**

**‘The climax came on the next afternoon when a carrier, loaded with ammunition, was hit and caught fire a few yards along the road from our “theatre”. We were forced to lie low while hot lead popped around all over the place. At the conclusion of this concert the Cretans in the two-roomed cottage obligingly agreed to leave for the hills in the interior, so we occupied one room as an operating theatre and the other as a post-**

**operative ward. With the aid of some salvaged canvas the blackout regulations were observed, and operating continued by the light of a candle and a hurricane lamp.'**

**About the middle of the next day the area around the culvert was attacked from the air and a bomb which landed near the watercourse killed two members of the unit. After this it was decided to display Red Crosses, some of which were made from sheeting and red blankets. Two were spread on the ground and one on the roof of the cottage. The larger cottage was also taken over to accommodate patients and was similarly marked. No further air attacks were made on the MDS.**

**Men of the unit, besides operating the MDS and providing some assistance for the hard-pressed [7 General Hospital](#), were also called upon as stretcher-bearers. A party of about twenty went out to collect wounded in advance of the battalion RAPs, and although at first they were armed with rifles, they did not use them and soon replaced rifle with [Red Cross](#) armband. For some days they remained at work with the battalions.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE AFTER THE INVASION

### *5 Field Ambulance After the Invasion*

When the invasion began in the morning of 20 May, some parachutists dropped in the vicinity of 5 Field Ambulance at **Modhion**, followed by parachutes bringing equipment and stores. Throughout the morning this phase continued and the members of the unit remained under cover, their only activity being to transfer the sick to the basement. A lull occurred about noon, but enemy activity was soon resumed.

No distinguishing signs identifying the site as a medical unit were displayed at first as it was considered undesirable to disclose the disposition of the fighting troops and their defensive positions. However, about two hours after the airborne landings had begun, **Red Cross** signs were put out—one on the roadway in front of the MDS and another on the roof of the schoolhouse. Thereafter there was no bombing or machine-gunning in the immediate vicinity, although cooking fires were in full view of enemy planes and the staff went openly about their duties, though not wearing steel helmets. This latter point was most important—captured Germans later stated that steel helmets would have been taken as evidence of fighting troops and would have given no immunity from attack.

From **Modhion** the events around **Maleme** were heard rather than seen, and it was not until later in the morning and afternoon, when subsequent waves of parachutists and troop-carriers selected more easterly areas or passed over on their way to the prison and **Aghya**, that members of the unit became eye-witnesses of the landing operations. Between flights of troop-carriers there was heavy machine-gunning from twin-engined aircraft but no bombing of the olive groves or of the village around 5 MDS. There were no casualties locally, but almost total interruption of road movement resulted. The wounded from forward

**units could not be moved back in daylight.**

**The first casualties to arrive were mostly German parachutists. Then casualties began coming in from nearby units only, though some stragglers, including enemy stragglers, found their way into the dressing station across the more open country to the north-west. Some of the wounded prisoners became very concerned as to what might happen if the dressing station were overrun and insisted on hanging out portions of their equipment from the room in which they were confined.**

**In the operating theatre, which had been the headquarters for the senior gendarmerie officer and from which the doors had been removed to facilitate movement of patients (and incidentally to use as makeshift stretchers), wounds were dressed and plaster applied while aircraft passed overhead, causing some uneasiness.**

**In one of many lulls a group of low-flying aircraft passed over the ridge above the gun site. A shout from the more arrogant of the wounded prisoners drew attention to rapidly-dropping parachutists on the far side of the valley. The prisoners, convinced at first that their fellows (and, they hoped, rescuers) were dropping near at hand among unarmed troops exulted prematurely. Unit records were hurriedly assembled ready for destruction if need be. Obvious sounds of a mopping-up engagement caused a return of despondency among the prisoners and a sense of quiet relief to the staff, and this was enhanced by the glimpse of a further batch of wounded prisoners on the way up the valley road escorted by New Zealand sappers.**

**The first convoy of wounded was evacuated by truck to [7 General Hospital](#) at 6.30 p.m., but while the truck was en route there it was learned that German troops had captured the hospital; in fact, it had been recaptured at 1 p.m. that day by 18 Battalion. At 2 a.m. on 21 May [7 General Hospital](#) got a message through that it could then take serious cases, but that all evacuations should be carried out during darkness. Because of the limited transport, it was possible to evacuate only four stretcher cases before daylight. In many cases preliminary operative**

treatment was given to patients at the MDS, as it was obvious that there would be some delay in getting them to the hospital.

Throughout 20 May hard fighting among the olive trees at **Maleme** and **Galatas** had held the German troops, although 22 Battalion's hold on the western side of **Maleme** airfield had been lost. Such resistance had not been expected by the enemy, but the attack from the air and the reinforcement of the parachutists continued over the next two days. A counter-attack at **Maleme** was unsuccessful, and towards evening on the 22nd increasing pressure from the west compelled the issue of an order for the withdrawal of 5 Brigade towards **Canea**. The first thought of the medical officers at the MDS was how they would get their patients away.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE WITHDRAWS TOWARDS CANEA

### *5 Field Ambulance Withdraws Towards Canea*

It was not possible to evacuate any patients from the MDS during the night of 21-22 May, and by the evening of the 22nd there were more than 130 casualties there, many of a serious nature. By this time medical supplies were very low. Throughout the 24 hours each day, unit stretcher-bearers continued to evacuate wounded from the battalions, having a particularly difficult time because of air attacks and wandering groups of paratroops, besides having to make long and strenuous hand carries over rough ground. The weather fortunately remained clear and fine. Then at 2 a.m. on 23 May an order was received that the dressing station had to be evacuated as part of 5 Brigade's withdrawal. Some stretcher cases still remained at the RAPs, and the RMOs, Captains **Hetherington**, <sup>6</sup> **Longmore**, <sup>7</sup> and **Stewart**, <sup>8</sup> stayed with them.

From **Modhion** some of the wounded were evacuated by ambulance car. The first party of walking wounded and some of the staff of the unit set off on foot at 3 a.m. for the former site of 6 Field Ambulance, at the junction of the **Canea** and **Galatas** roads. Transport had been arranged by HQ 5 Brigade for the stretcher cases, but as parts of the road were under fire some Cypriot drivers abandoned their trucks or else did not reach **Modhion**. HQ 5 Brigade, however, managed to marshal trucks by dawn, just when preparations were being made for some of the wounded to be left behind under the care of a section of the medical staff. It was then possible to clear the dressing station entirely. The convoy proceeded in broad daylight, under **Red Cross** flags, unmolested by enemy aircraft, which were already about in fair numbers. The walking wounded went to the caves of **7 General Hospital**, while the stretcher cases were unloaded at **189 Field Ambulance** hospital at **Khalepa**, a north-eastern suburb of **Canea**. This British field ambulance had established a temporary hospital to take the overflow of wounded from **7**



**General Hospital.** By utilising a school, a convent, and a number of adjacent houses, the unit eventually held as many as 460 cases. Maj H. K. Christie was transferred from **7 General Hospital**, where he had earlier been attached, to carry on with the surgical work, and he succeeded in improvising a first-class operating theatre.

**Fifth Field Ambulance** occupied the area used by **6 Field Ambulance** before its capture on 20 May. During the morning the new site was subjected to a particularly heavy bombing and machine-gunning attack, as it was an important road junction. One man was killed. Heavy casualties were to be expected from **5 Brigade**, and as it was impossible to function on this new site, a move was made at midday on 23 May to the Greek summer school building on the site of **7 General Hospital**.

Casualties arrived in a steady stream throughout the afternoon and night, and before dawn the total admissions were over 200. Good work was done by the drivers of the trucks, some from **5 Field Ambulance** and some from other units in the line, in carrying on unceasingly day and night bringing in the wounded, and also by the ambulance orderlies who went with the trucks. All trucks and ambulance cars were provided with Red Crosses, and drivers and patients frequently derived considerable confidence, when negotiating the open roads, from the presence of lightly wounded German prisoners who volunteered to accompany them.

Leading one party which had been ordered to pick up wounded from **23 Battalion**, Lt Gray left with four stretcher-bearers in two small trucks. The country was familiar to them as they had explored much of it in the three weeks before the invasion. At a rendezvous they found several wounded on the side of the road. Taking several stretchers, they followed a guide up a dry, steep riverbed. They soon met tired troops staggering under the burden of severely wounded comrades in improvised stretchers of two poles and a blanket. No time was lost in carrying out first aid. The orderlies took over from the troops wherever assistance was needed.

Lt Gray and a corporal kept on up the stream and after some time

met the rear party, who were carrying in a blanket a badly wounded man with compound fractures of both legs below the knee. Helping to carry him down the riverbed was most difficult. Already tired after four days of confused fighting and weary through lack of sleep, the party made slow, stumbling progress over boulders, across slippery shingle, gently lifting him over rocky falls every few yards, tripping and falling over trees and wood in their path, bearing the burning pull of the rolled edge of the blanket on aching fingers and hands.

In the shelter of the riverbed the strenuous work soon had them in a bath of perspiration, mouths and tongues dry from laboured breathing. It was too much for their unconscious burden and he was dead when they reached the trucks.

Both trucks were filled with wounded. Conscious and unconscious men were piled on the floor; there were as many stretchers as could be carried, and the departure of the medical party and the wounded now had to be hasty. There was no time for a second trip. The rough road back to the MDS was a nightmare for all, and too much for two of the wounded. It was well after midnight before they reached the MDS, which was already overcrowded with wounded from other units.

Valuable assistance was given by the surgical team from **7 General Hospital**, which took over the operative work at **5 Field Ambulance** during the night. Evacuations from the dressing station were carried on throughout the night, 60 of the more serious cases going to **189 Field Ambulance** hospital and 50 serious stretcher cases and 120 walking wounded going to **7 General Hospital**. Bearer parties went out after dusk to assist in the evacuation of casualties from **5 Brigade**. Of the cases they collected, the lightly wounded were sent to **6 Field Ambulance**, and 20 of the serious cases went to **189 Field Ambulance** hospital and ten to **1 Marine Tented Hospital** at **Mournies**, two miles south of **Canea**. This 60-bed naval unit had arrived on 10 May, and when **7 General Hospital** was pressed for space it found accommodation for more than 400 cases, the surgical staff continuing to operate day and night in spite of enemy snipers in the neighbouring foothills.

At dawn on 24 May 5 MDS had again been cleared of all casualties, with the exception of eight wounded prisoners of war. This complete evacuation had followed a visit from Lt-Col Bull, ADMS 2 NZ Division, the previous evening with news that an attack on the area was expected. While the remainder of the staff went to caves on the foreshore for much-needed rest, a nucleus—including the CO—remained in the building during 24 May, a quiet day on which only eight casualties were admitted.

By 25 May the front line was only a few miles from the medical units, which continued to receive casualties. There were not many during the day, but towards evening both 5 and 6 Field Ambulances began to receive a steady stream of wounded from the fighting at Galatas. By evening mortar bombs were falling within a few hundred yards of 5 MDS and machine-gun bullets were spraying the vicinity of the buildings. An endeavour was made to collect abandoned trucks. Five were got together, one of them being set on fire by a passing aircraft. Preparations for a move were continuing when Lt-Col Bull arrived at 7 p.m. with instructions for both 5 Field Ambulance and 7 General Hospital to go to Nero-kourou, south-east of Canea, some seven miles away, where a site had already been prepared for the reception of casualties.

The evacuation was planned so that all equipment and the stretcher cases in the dressing station would be moved by transport, which necessitated three trips in the vehicles available, but the situation was further complicated because one truck was needed to collect more wounded from forward areas. Delay also occurred because the site at Nerokourou was so well hidden that it could not be found in the dark. An alternative site in a church was selected, but when dawn broke this was found to be exactly opposite the area where the tents had been pitched. Although the tents had been hidden under olive trees and were widely dispersed, they had been strafed by enemy aircraft the previous day, and some of them had been destroyed by fire.

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<sup>6</sup> **Capt O. S. Hetherington, MBE; born Thames, 3 Apr 1903; Medical Practitioner, Thames; Medical Officer 21 Bn Jan 1940-May 1941; p.w. May 1941; repatriated Sep 1944.**

<sup>7</sup> **Maj L. H. V. Longmore; born NZ, 18 Nov 1909; Medical Practitioner, England; Medical Officer 22 Bn Dec 1940-May 1941; p.w. May 1941; repatriated Nov 1943; Medical Officer 1 Gen Hosp Apr-Oct 1944; Repatriation Group ( UK) Oct 1944-Dec 1945.**

<sup>8</sup> **Capt R. S. Stewart; born NZ, 17 Mar 1906; Medical Practitioner, Blenheim; Medical Officer 23 Bn May 1940-May 1941; p.w. May 1941; repatriated Apr 1945.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MEDICAL STAFFS REMAIN WITH WOUNDED

### *Medical Staffs Remain with Wounded*

Through these delays the trucks made only two trips before dawn. They had left at 10.30 p.m. and were expected back for the second load at 1 a.m. on 26 May. When no trucks came, those remaining expected to be taken prisoners of war, and well they might have been had the Germans advanced during the night, as the New Zealanders withdrew from **Galatas** to lines to the rear of the hospital. However, three trucks returned at 3.30 a.m. and loaded all but some 20 or 30 seriously wounded cases from 5 MDS. **Maj S. G. de Clive Lowe**, Capt Moody, Padre Hiddlestone,<sup>9</sup> and 14 men decided to stay and attend them.<sup>10</sup> Most of the staffs of 5 Field Ambulance and 7 **General Hospital** and the lighter walking wounded went on foot by road and reached **Nerokourou** at 3 a.m. on 26 May.

At midnight CO 6 Field Ambulance (Maj Fisher) had received orders to evacuate 250 walking wounded to **Nerokourou**, and as the unit still possessed only a single light truck, the majority of these also had to walk. Remarkable fortitude and endurance was shown by the wounded. Their cheerfulness and courageous bearing at the dressing station at all times was deeply impressive, and many endured without a murmur most severe pain and continued discomfort. Nothing was more touching than the appreciation they showed for the attention bestowed upon them, sadly inadequate though it was.

Some 150 stretcher cases were to remain at 6 MDS in the care of a medical officer and 20 orderlies. 6 Field Ambulance moved out at 4.15 a.m., leaving Lt Ballantyne, Padre Hopkins and 20 nursing orderlies with the wounded. At 7 a.m. the unit reached the MDS which 5 Field Ambulance had already established in the church at **Nerokourou**.

Seventh General Hospital had had to leave 300 stretcher patients in

the caves adjacent to 5 Field Ambulance and had detailed two medical officers and 20 men to look after them, but CO 5 Field Ambulance (Lt-Col Twigg) considered that an attempt should be made to evacuate the rest of his ambulance staff and as many of the patients as possible. The three truck drivers volunteered to return, but as a result of the air activity with the coming of daylight only one truck got through. This truck, flying a **Red Cross** flag, was kept under observation by an enemy reconnaissance aircraft, which left it immediately it turned in to the hospital area. While preparations for departure were being made, a German patrol entered the dressing station and captured the medical staff and the wounded. The truck driver made his escape by climbing down the cliff and clambering round the rocks to get behind the New Zealanders' front line. He returned to the MDS at **Nerokourou** at 11 a.m.

Both 5 and 6 Field Ambulances ran an MDS at **Nerokourou** on 26 May. An operating theatre was rigged up in the church and 21 cases received operative treatment during the day, assistance being given by the surgical team from **7 General Hospital**.

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<sup>9</sup> **Rev. J. Hiddlestone**, MBE, ED; born **Christchurch**, 19 Mar 1893; Baptist Minister, Tasman; p.w. May 1941.

<sup>10</sup> **Capt E. Stevenson-Wright** also stayed with wounded of the **Divisional Cavalry**.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MOVE TO KALIVIA

### *Move to Kalivia*

At 6 p.m. on 26 May instructions were received from Lt-Col Bull to move at dusk to **Kalivia**, some 15 miles to the south-east along the coast. The front-line troops were steadily falling back and a general move was being made towards the south coast, from which evacuation from the island, now decided on, was possible. For the move 5 and 6 Field Ambulances, 4 Field Hygiene Section, and 7 **General Hospital** were all placed under the command of Lt-Col Twigg. The more seriously wounded were taken by transport in two trips. The walking wounded were assisted over part of the journey, but the staffs of the units all walked, arriving at **Kalivia** shortly before daybreak on 27 May.

As Capt G. B. Palmer, of 5 Field Ambulance, described it:

‘Another night’s march—this time past the stone walls of the **Suda** base, past the scattered dumps whose bombing had been witnessed from the higher slopes earlier in the day—and from the slopes of **Nerokourou** the systematic destruction of the old city of **Canea** was a continual background to the day’s activity. On along the coast road over the promontory demolitions were being prepared; on past the embarkation point for those who were being evacuated by sea; on through the deserted and echoing streets of **Kalivia** into another olive-studded dispersal area. Here was a small stream, a small *taverna*, whose wine was quickly exhausted, and a graveyard between whose headstones so many of the living rested soundly, feeling strangely secure from most overhead annoyances. A few scattered houses lay near the road. In the early morning most refreshed and washed themselves; some endeavoured to clean or repair damaged footwear. Fortunate ones had sandals or spare footwear, others used any available leather to reline their worn soles and to keep sharp nails out of lacerated feet.’

**During the night 2/1 Australian Field Ambulance had, on receipt of orders from DDMS Creforce, established a temporary hospital in the school buildings in the village of Kalivia. It received 100 cases from 5 Field Ambulance and stretcher cases and walking wounded from 6 Field Ambulance, as they reached the village. This Australian unit was soon coping with 530 patients.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MARCH ACROSS THE ISLAND

### *March Across the Island*

Shortly before midnight on 27 May, leaving only a minimum of Australian staff with the patients at the dressing station, the men of the medical units set out on the first stage of the long march south across the island to the coast. Lying dispersed among the olive trees on the roadside during the day, while the **Luftwaffe** searched for them overhead, they moved only by night, along the road which led in a weary march through burning villages and up across the 3000-foot mountain pass over which lay the way to the south. Ten weary miles of winding hill road led to the pass, and then the road turned down again into the **Askifou** basin and then petered out before it got to **Sfakia**. Food and water were scarce; sleep during the daytime was made almost impossible by continuous air activity, and everyone suffered from fatigue, hunger, and thirst. Men straggled; many became scattered and lost their original parties, and a dense disordered mass crowded the roads by night. The road to the south was one stream of men—men with bloody bandages, airmen, sailors from ships in **Suda**, ambulance men. Now and then a lorry came along, jammed with wounded and with men hanging on everywhere. All along the road were abandoned vehicles.

‘It was easy going for the first few hours,’ said Cpl Curtis, ‘the road being good, the air cool, and our muscles fresh although the pace was fast. There was no hesitation then, and we halted only once every hour for a five-minute break and then on again. We passed other troops resting, but it was too dark to see who they were and we had to keep close together to avoid being lost. Once during the night an enemy aircraft flew over and dropped some flares near us, but by sitting against a bank with our faces averted we apparently escaped detection, as nothing further occurred. Gradually our pace slackened, our resting periods lasted a little longer, the muscles in the backs of our legs began

to ache and we moved in a sort of coma, unconscious of our surroundings and dull to thought. Still we kept moving in a rhythmical motion until with the coming of day we made ourselves comfortable in the basement of a house, orders being that we were not to show ourselves outside.

‘Breakfast consisted of one tin of meat and vegetables between four and water from one of the many wells dotting the countryside. After this we slept until awakened by machine-gun fire from a fighter setting fire to a nearby field of oats in the hope of finding game. He apparently didn't notice two bodies leaving rapidly on one side! These joined us shortly afterwards.

‘We saw no one else during the day, and after another meal towards evening set out once again. From this point onwards the going was harder as the road gave way to a rough track, wide enough for a vehicle, which wound up into the hills in the interior.

‘During the night our group broke up, possibly because the fatigue which numbed our minds made us oblivious of our surroundings, and also the fact that many other troops were also on the road. **General Freyberg** stopped his car near us and gave us some encouragement to keep moving. (I well remember this because his car stopped just ahead of me and I walked into him, cursing the hold-up, before I realised who it was.)

‘When daylight came again there seemed to be very few of us about, all dog-tired and a bit bewildered as we had little idea of where we were or where to go. However, we kept on until forced to take cover by enemy aircraft. The country around was extremely rough and rocky with tough, scrubby bush of no great height covering most of it. Here and there trees were growing in small clumps. We followed the road over a saddle in what seemed to be a range of hills, and then when another aircraft came over we scattered again....

‘About 2 p.m. we decided to go on down into the valley, skirt the

houses, and continue along the road. We had gone about half a mile from the village when we came upon what seemed to be a stone church with a **Red Cross** painted on the roof, nestling in a sharp bend in the road. The roof was almost level with the road. An officer was standing near the entrance, and as we were still wearing arm brassards, he told us to go in and help with the wounded. We had seen no other dressing stations on our way across the island or any wounded either, although we might easily have missed them in the darkness.

‘The stone floor of the church was covered with wounded on blankets and ambulance stretchers ranged all round the walls and down the centre. The altar, in an alcove at one end, was covered with shell and field dressings and a little food—cocoa, tinned milk, sugar, and biscuits. There were quite a number of medical officers and personnel there, and we set to work bandaging, applying splints, and making the patients as comfortable as possible. Some were walking cases, but many appeared to be more severely wounded and could not be moved.

‘Later in the night we were split into sections, each working for two hours and then changing over and sleeping outside. In the morning we had our first wash and shave for several days—there were two or three razors to go round, with a few extra blades. It worked wonders with our morale.’

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## DRESSING STATION AT IMVROS

### *Dressing Station at Imvros*

On 28 May Lt-Col Twhigg, Maj Fisher, and four orderlies had established an MDS in a church half a mile north of the embarkation control post at **Imvros**. As more of the road parties of 5 and 6 Field Ambulances and **7 General Hospital** arrived, they were added to the staff. Members of **2/2 Australian Field Ambulance** located nearby gave assistance during the night. This dressing station was a good example of what could be done by improvisation. The medical equipment which had previously been gathered together was in a truck that had since completely disappeared. This loss of equipment was very serious, for when the MDS was opened the only medical supplies were two surgical haversacks, an assortment of mixed dressings, and a German medical kit containing a few items which were suitable for use. The staff of 5 and 6 Field Ambulances had, however, by a careful search in vehicles and houses over a wide area, gathered together within a few hours a variety of medical equipment, bedding, timber, and other material which fulfilled immediate needs beyond expectations. A problem that had always been of some concern, because of frequent moves, was insufficiency of rations, but a remarkable supply of these materialised from abandoned vehicles on the road. An assortment of carpenter's tools was also found in the village, and with these splints and splinting were made. It was found that arm-rests of pews, the type peculiar to Greek churches, made excellent crutches. The MDS was very soon overwhelmed with patients, both walking wounded and many more serious. All were given attention and some food.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WOUNDED EMBARK

### *Wounded Embark*

**Some of the wounded dispersed among caves and shrubs at the end of the road embarked at [Sfakia](#) on the night of 28-29 May. As Capt Palmer relates:**

**‘Maj Christie and I were instructed to continue down the road to a group of caves situated on a small ledge, on which was a stone-walled well. Another well lay to the south. A narrow, deep ravine lay on either flank. We were to assist in the collection of walking wounded and to take charge of those who were to proceed to the embarkation point that night.**

**‘Near the road-end, at the head of a steep, dry valley, were several damaged RASC vehicles and two abandoned ambulances needing only some minor adjustments and replacements, but for which neither parts nor tools were to be found. A few dressings were gathered from one of the ambulances, and we continued down the slope, past a radio transmitter set up in the caves which were now [Crete Force Headquarters](#), on to the ledge. Each of us selected one of the partly occupied caves and sought out from among the very tired medical orderlies of a British unit some trained assistants still capable of further effort.**

**‘At dusk all wounded able to walk—and it was amazing the determination which was shown to complete the journey—were led in three columns down the steep gully, among the scattered boulders and clumps of oleander bushes, to what in winter must have been the bed of a sizeable torrent. About three miles or less from [Sfakia](#), on level ground, the columns were halted and strong efforts made to maintain both good cheer and cohesion. An unexpected delay so close to the beach tried the remnants of the patience of men who were tired, thirsty, and hungry. All**

were sick to a greater or lesser degree and many were in the early stages of diarrhoea and exhaustion.

‘There was little disturbance from the air. A light mist descended in the hollows. After what seemed a very long pause, parties of 50 were allowed to proceed to the boats, but there were some hitches in communication over the three miles between the beach and the waiting columns. As the night wore on an urgent message came for another 200 to go on, and then for as many as possible to get forward with all speed. The going was rough and the pace too slow. Not all could embark before dawn.’

The MDS remained at **Imvros** on the 29th. Casualties from the rearguard actions were brought in for treatment and parties from the medical units on the road also assembled there. From noon onwards walking wounded, some 700 in all, were taken from the MDS and the collecting posts to the end of the road in trucks flying **Red Cross** flags. Unfortunately, the 40 stretcher cases had to be left behind and a small staff stayed with them. As Cpl Curtis tells us:

‘It was obvious that a number of the wounded would have to be left behind, so it was decided that straws should be drawn amongst the unmarried men. This was accordingly done, and one officer and an orderly were selected to stay behind.

‘Lt-Col Twhigg, who was with us, explained the method of evacuation, and later in the afternoon a party was sent on ahead to contact the walking wounded who had been sent on in two trucks operating a ferry service to the end of the road. These trucks carried small Red Crosses and were unmolested from the air, although they were closely inspected by some of the aircraft which flew over.

‘Later in the afternoon several of the medical personnel were despatched with each load of walking wounded, until by evening a large party had gathered near the end of the road. At one point we were halted and questioned by an armed guard on the road who finally let us pass.

**We then moved down on to a rough track to await the coming of darkness. The road between the aid post and this point was very narrow and winding and had a steep bank on the right with a sheer drop into the valley far below on the other side. German aircraft flew down the valley with their wings level with the road on several occasions, so close that the faces of the occupants were clearly visible, but they did not attack the wounded.**

**‘When it was almost too dark to see, we set off as quickly as possible along the track to [Sfakia](#). After what seemed like hours, we arrived at a steep zigzag path which went down to a little village on the very edge of a narrow beach in a small bay. Steep hills surrounded the bay, and looking out to sea one could just make out the darker shadows of ships at anchor not far from the shore. Nosing into the beach were landing barges, with the Navy directing the loading and crowds of men quietly waiting in lines to embark. There seemed to be very little confusion, apart from a small mob of civilians and Greek soldiers who were attempting to clamber into the barges and appeared to be in rather hysterical mood; however, the Navy dealt with them without much trouble.**

**‘Having assisted some of the wounded to the beach, we returned to the top of the zigzag to help others before finally being ordered aboard ourselves. At one stage a plane dropped some flares just up the coast and it seemed certain we would be seen, but he flew on without interrupting the embarkation.’**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EMBARKATION

### *Embarkation*

A number of **NZMC** personnel, mostly belonging to 5 Field Ambulance, were embarked on the *Glengyle*, which had many wounded aboard. Treatment was provided for all cases requiring it on this and on other ships, and medical staff were detailed to care for patients during the voyage. Some 530 wounded were embarked that night.

On the final stages of the march to **Sfakia** unsuspected reserves of cheerfulness and enthusiastic energy were evoked; in blankets, in slung greatcoats, on a door which had come from no one knows where, and on improvised stretchers, many men in varying states of incapacity were assisted over the last part of the five-mile march. They had managed the steep scramble from the caves but could not complete the last stretch unaided. At least three blanket carries were made over the whole route from the most southerly group of caves.

‘So we set sail from **Crete** in the early hours of the morning,’ said Cpl Curtis, ‘thankful to be with the Navy again. Strangely enough ours was the same ship in which we had left **Greece** about one month before. The ship was packed tight with troops—the corridors and even the deck being filled to capacity. The small cabin used for medical purposes had so many wounded that it left very little room to work in. However, this eased a bit after a while and only severe cases were treated here.

‘There was so little room to move about the ship that the food was passed from the galley from hand to hand. As before, we were greeted on board with a huge sandwich and a mug of steaming hot cocoa—nothing seemed to matter after that! As it became light we were attacked by dive-bombers, who scored only one hit near the bow of one of our escort destroyers with a small bomb. Two or three other attacks were repulsed without damage, and 48 hours after leaving **Crete** we landed in



## **Alexandria.'**

Wounded had a priority in the embarkations, which were made on four nights, but medical staffs had to give place to fighting troops. About 1500 were embarked on the night of 30-31 May, but few were patients or staff from medical units. On the next night the 80 remaining walking wounded and a small medical group were taken aboard the ships, but a party of 50 men from the medical units, whose embarkation had been arranged and who had been chosen by ballot from the medical men assembled at the control post, were not so fortunate. At 8 p.m. they were ready to move but their movement was cancelled and their place taken by combatant troops. With the balance of the group they expected to go the next night, but further embarkations were impossible and on 1 June they became prisoners of war. Lt-Col Bull had earlier been captured.

He had established a walking wounded collecting post and dressing station at **Neon Khorion**, three miles from **Kalivia**. As the medical units withdrew it was arranged that a truck with a relief would be sent back for him. Two trucks were later sent back, but could not reach **Neon Khorion** because of a road demolition. Col Bull and his staff remained with 30 seriously wounded men, and on 28 May, at midday, were captured, although they had understood that there was still a rearguard between them and the enemy.

As prisoners of war the members of the Medical Corps continued their work for those who needed their help. The service of some was so notable as to gain an award. Of those captured in **Crete**, recipients of awards included Lt-Col Bull, OBE, Capt E. **Stevenson-Wright**, <sup>11</sup> MBE, Captain O. S. Hetherington, MBE; and of those captured in **Greece**, Maj **G. H. Thomson**, <sup>12</sup> OBE, Capt **H. M. Foreman**, MBE, Capt **J. Borrie**, MBE, S-Sgt **H. S. King**, <sup>13</sup> MBE. In addition a number were mentioned in despatches.

For her leadership of the nurses on **Crete** Miss Mackay was awarded the ARRC. Col Kenrick, DDMS Creforce, was awarded the CBE, Lt-Col

**Two** Whigg the DSO, and **Pte M. H. Wells**, <sup>14</sup> 6 Field Ambulance, the MM. From 22 to 26 May Pte Wells, as a stretcher-bearer at **Karatsos**, had displayed great courage and leadership under enemy fire. At **Imvros** he gave valuable assistance to the sick and wounded, although weary from forced marches and lack of sleep, and on 31 May he conducted a party of 100 walking wounded from **Imvros** to **Sfakia** despite enemy attack.

No words can describe the debt of gratitude owed to the **Royal Navy** by the troops who fought on **Crete**, not only for the great task they performed in the costly evacuation, but also for the abundant and cheerful sympathy they displayed; from their own rations they provided food, hot drinks, and cigarettes; they gave up their own quarters so that the soldiers should enjoy some comfort and a place to sleep. During the crossing from **Crete** to Egypt some narrow escapes were experienced and some direct hits were scored by enemy bombers. The RAF, however, was in evidence, and many hostile aircraft were driven off and some shot down. It was with feelings of thankfulness and relief that **Alexandria** was eventually reached, the relief, however, tempered with deep regret for those who had been left behind.

A shaken and exhausted remnant of the medical units finally assembled at **Helwan** Camp on 2 June. 6 Field Ambulance had left in **Crete** seven killed and 85 as prisoners of war, 5 Field Ambulance had one killed and 65 prisoners of war, 4 Field Hygiene Section 17 prisoners of war and 1 General Hospital also 17 prisoners of war. Some had become prisoners because they could not embark; some because they volunteered to remain with the wounded.

*'The great devotion to duty shown by officers and men of field ambulances and hospital units who volunteered spontaneously to remain with the wounded will always be remembered by those who took part in the campaigns in **Greece** and **Crete**.'*

(Extract from GOC's address to field ambulances on parade on 15 June 1941.)

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**<sup>11</sup> Capt E. Stevenson-Wright, MBE; born Dannevirke, 16 Feb 1909; Medical Practitioner, Wellington; Medical Officer 1 Gen Hosp Mar 1940-Feb 1941; 2 Div Cav Mar-May 1941; p.w. May 1941; repatriated May 1945.**

**<sup>12</sup> Maj G. H. Thomson, OBE, ED; born Dunedin, 5 Mar 1892; Obstetrician, New Plymouth; 1 NZEF 1914-16, Gnr 4 How Bty, Egypt and Gallipoli; RMO 4 Fd Regt Sep 1939-Apr 1941; p.w. Greece, Apr 1941; repatriated Oct 1943.**

**<sup>13</sup> WO I H. S. King, MBE; born Auckland, 7 Dec 1912; chemist, Nelson; RSM 5 Fd Amb Mar 1940-Apr 1941; p.w. Greece Apr 1941; repatriated Oct 1943.**

**<sup>14</sup> Pte M. H. Wells, MM; born NZ, 31 Oct 1913; laundryman, Dunedin.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 7 – REORGANISATION IN EGYPT

## CHAPTER 7

### REORGANISATION IN EGYPT

**BACK** in Egypt the hospitals received the casualties from the campaigns in **Greece** and **Crete**. On 23 April instructions were received by **2 General Hospital** to make preparations for the possible admission of large numbers of battle casualties from **Greece**. Fortunately, **3 General Hospital** at **Helmieh** was just ready to receive patients; this unit took 120 medical cases from **2 General Hospital**, and with normal discharges the number of patients at **Helwan** was reduced to 250. On 24 April the unit took over the section behind the sisters' quarters, Gubalieh, dug in tents, and erected a tented hospital. The first casualties from **Greece** arrived on 23 April when 70 patients were transferred from **26 British General Hospital**, Kephissia. Some of the medical officers and orderlies from **2** and **3 General Hospitals** and **Maadi Camp Hospital** were sent off to disembarkation ports to assist with the wounded, but these cases were all accommodated at first in British hospitals, where they received their initial treatment. One hundred and thirty-one more patients from **Greece** were admitted to **2 General Hospital** on 20 May.

Two convoys of Australians had arrived from **Tobruk** on 14 May. With 757 beds equipped, **2 General Hospital** now had a total of 669 patients. Authority was received on the 29th for **2 General Hospital** to expand to 900 beds, and the erection of extra tented wards was pushed ahead in the Gubalieh area. However, on 31 May, when the arrival of a convoy of 375 casualties next day was announced, there were only 830 beds in the hospital. To tide over the interval before new wards could be equipped, the unit found accommodation in the cinema opposite the hospital. The convoy duly arrived and the total of patients jumped to 967; 48 hours later all were transferred to actual hospital accommodation.

The first patients admitted to **3 General Hospital** were 18 casualties from **Greece**. They arrived on 23 April. From then on patients were admitted in large numbers, both from **Greece** and from the **Western**

**Desert.** The German **Afrika Korps** had made its first appearance in the desert in March, and the British troops lost the territory gained during General Wavell's offensive against the Italians.



Central and Eastern Mediterranean  
Central and Eastern Mediterranean

Large convoys were admitted to 3 General Hospital during May, testing to the full the efficiency of a staff new to their duties. On the 29th 290 battle casualties were admitted from **Crete**, but the largest convoy was one of 302 patients from the **Western Desert**. This was the largest convoy admitted in the history of the unit.

Throughout this busy period developmental work continued, and at times it became difficult to find enough equipped beds to meet the influx of sick and wounded. An epidemic of influenza among the 5th Reinforcements resulted in 261 patients being admitted, and the hospital was placed in isolation for 14 days. A further complication was an epidemic of sandfly fever among the staff. Very few escaped infection, and at one stage 42 members of the unit were in hospital with this complaint. Despite all these difficulties, large numbers of patients were received and cared for, and although the hospital had begun operations by dealing mainly with medical cases, it was able, when required, to deal with large numbers of surgical cases.

The Prime Minister of New Zealand, the **Rt. Hon. P. Fraser**, arrived in Egypt shortly after the evacuation of **Greece**, and visited the wounded in the hospitals, speaking to the men individually or in small groups for a few minutes each. He also inspected the hospitals and expressed himself as very satisfied with the attention given the sick and wounded.

### *The Wounded From Greece and Crete*

Not many seriously wounded came from **Greece**. Most of them were in hospital in **Athens** and had to be left behind. Those who were admitted to hospitals in Egypt seemed to suffer as much from mental stress as from physical injury. There was an airfield near one of the hospitals and aircraft sometimes flew low over the wards. On the approach of a plane some of the men, not knowing what they were doing, would take cover under their beds. Some were rather bewildered and shocked and found it hard to realise they were safe.

The wounded from **Crete** brought back with them harrowing tales of battle-tired men. As the sisters sponged them or dressed their wounds, the men spoke of waves of parachute troops, of enemy control of the air, and of the merciless ground strafing of individual targets. The wounded arrived at hospital tired, haggard, and unkempt, but in a surprisingly short time, with rest and good food, they had regained their normal confidence.

### *Hospital Ships*

The more seriously wounded were invalided back to New Zealand on the **Maunganui**, which arrived at **Port Tewfik** on 22 May on her first voyage as a hospital ship, with Col D. N. W. Murray <sup>1</sup> in command and Miss E. M. Lewis <sup>2</sup> as Matron. To take most of the wounded men the ship was kept in port until 10 June, when she took on board 338 New Zealanders and 40 Australians for the journey home. Between January and April the ship had been refitted at **Wellington** as a floating hospital, thoroughly up-to-date in every way and fully equipped with the latest medical and surgical appliances. Her interior was as impressive as her



striking outer appearance, with its gleaming whiteness relieved by a green band round the hull and huge Red Crosses on each side. The operating block—main theatre, plaster room, and X-ray department—was an object of special pride, often admired by the staffs of other hospital ships.

The patients had come from **Cairo** by hospital train overnight, and embarkation began early on 10 June. The system of embarkation had been well planned beforehand and in three hours all the patients were on board, including 79 stretcher cases. Surprise was expressed by the British embarkation officers that loading had been completed so quickly. During the morning **General Freyberg** and Brig MacCormick talked with the patients on the ambulance train and on the ship.

Whether walking or on stretchers, the patients came on board with broad grins, pleased at the thought of going home. Guides or stretcher-bearers took them to their beds in the wards, whose cool green and cream walls were a restful contrast to the glare of the desert. The sisters ensured that the men were comfortable. The first meal on board was a revelation. An abundance of New Zealand produce kept fresh in the freezing chambers made the patients realise what they had been missing.

The *Maunganui* finished taking on oil and water in the afternoon and set sail on her month's voyage to New Zealand, calling at **Colombo** and **Fremantle**, where the men able to go ashore were entertained by local residents. Then came a welcome for all at **Wellington**, where the patients passed into the care of the Casualty Clearing Hospital at Aotea Quay. After a few days the *Maunganui* turned her nose again to the **Middle East** for the second of her steady round of voyages. On the way to Egypt the medical staff cleaned up the ship and prepared for the next intake of sick and wounded.

Before the *Maunganui* reached **Port Tewfik** again in August the **Netherlands** hospital ship *Oranje* had called there for a load of Australian and New Zealand patients. The *Oranje*, a magnificent new

ship, large and fast, had been made available to **Australia** and **New Zealand** to bring home sick and wounded from the **Middle East**. Fitted out earlier in the year as a hospital ship, she had a composite Dutch, Australian, and New Zealand medical staff. The New Zealand complement remained on board throughout the war, though later the ship was mainly engaged in taking British invalids to the **United Kingdom**. On 7 August the *Oranje* embarked 199 New Zealand and 431 Australian patients.

## *2 General Hospital*

June was a particularly busy month at **2 General Hospital**, with 1127 admissions, including 360 battle casualties. In nine months the hospital had admitted 7560 patients, and in addition a large number had attended the out-patient department. Dealing with these admissions called for the co-operation of all ranks, and the quality of the work done was of a high order. Col Spencer paid the following tribute to his staff in his monthly report to DDMS **2 NZEF**:

‘The medical officers, I consider, have maintained a very high clinical standard, both surgical and medical; the work of the sisters has been consistently good and thorough, as is borne out by the testimony of many hundreds of patients; but I should like to draw special attention to the solid and unremitting toil of the NCOs and medical orderlies. In spite of the addition of natives for the more menial tasks, the brunt of the ward work has fallen on the corporals and privates of the unit. Always understaffed in the wards, with a very big turnover of patients, they have worked on at their daily tasks with hardly even a grumble. This has called for much hard physical exertion due to the nature of the building and the carriage of patients, packs, and meals up and down two to four flights of stairs. It would be invidious to single out any special department, but I feel that equal praise should go to the cooks, clerks, orderlies in charge of linen, pack, and ordnance stores, ward and medical orderlies.’

The weather during July was very trying and showed its effects on

staff and patients alike. A succession of hot and sticky nights made sleep difficult and unrefreshing. Constant war was waged against bed-bugs in all staff quarters, though fortunately the hospital itself was almost entirely free of them. In some of the new tented wards, however, the patients were particularly troubled for a few nights.

During July the unit said goodbye to ten men who were posted to the newly formed Mobile Surgical Unit. These men were carefully selected and were among the best in the unit. This was the first serious encroachment on the original staff of the hospital, which had trained and worked in harmony to such good purpose.

### *The Field Ambulances*

On its return from **Greece** 4 Field Ambulance went to **Helwan** Camp, the re-mustering camp for all New Zealand troops evacuated. Here the unit set up tentage for a camp hospital on the area previously occupied by 6 Field Ambulance. At **Garawi**, a mile or two beyond **Helwan**, an isolation camp hospital was established by A Company for the nursing of influenza patients from the 5th Reinforcements. At the end of May 4 Field Ambulance provided a party of four medical officers and 40 men to assist in receiving wounded from **Crete** at the **Alexandria** wharves and in the adjacent staging camps.

After the return of the medical units from **Crete**, a week's leave was granted to all those who had taken part in the campaign, a much-needed rest and break; and for three weeks duties or training were almost negligible and there was frequent day leave to **Cairo**. During this time 5 and 6 Field Ambulances moved to a camp at **Garawi**.

**Garawi** was not encouraging; it seemed like the last place on God's earth. The new CO 6 Field Ambulance, Lt-Col **Speight**,<sup>3</sup> suggested that it would be an excellent breaking-in ground as the unit, when it went into the **Western Desert**, would be likely to find few worse places. It was a completely tented camp, out in shelterless, blazing desert, swept each afternoon by hot winds and blinding and stinging sandstorms. The

summer of 1941 was said to be the hottest Egypt had experienced for 50 years—the same was also said of later summers. There were no canteen or entertainment facilities in the area, and the nearest **Naafi** and cinema were at **Helwan** Camp, a two-mile walk, and an infrequent and unreliable bus service covered the five miles or so to **Helwan** township. The place seemed to all intents and purposes completely cut off from the outside world.

The following account of life in 6 Field Ambulance by Pte A. **Ashley-Jones** <sup>4</sup> describes what was more or less common to all three field ambulances at **Garawi** and **Helwan** before the Libyan campaign:

‘The life had its compensations in some small measure and, in throwing the men largely on their own resources for entertainment and in occupying their spare time, helped to mould together into a unified body again those of the original unit and the large number of reinforcements soon drafted in to build up its normal complement. A canteen was soon operating within the unit, run by representatives of the companies, and a small library started. Sports were confined to cricket and athletic training with an occasional trip to **Maadi** baths for swimming. Even in the heat enthusiasts would turn out for an inter-company cricket match or to train for one of the proposed athletic meetings. In the early afternoon, “siesta” period held sway and everyone lay on flimsy, cane-trellis bedsteads, completely or almost completely unclothed, and perspired through the terrific heat of the afternoon.

‘Several athletic meetings were held between companies of the medical units, and finally considerable enthusiasm centred on the divisional meeting held in early August at the Farouk Stadium in **Cairo**, at which the unit was represented in several events.

‘The training programme that had come into operation in late June was not exacting. There was little equipment of any sort so it had to take the form of physical training, lectures, and route marches, with periods of somewhat irksome parade-ground drill. But even the routine training had its lighter moments, and the dramatic presentation of

**Major Lovell's lectures on anatomy and physiology provided emotional as well as intellectual stimulus.**

**'Physical training was the early-morning routine at 6 a.m., after an early cup of tea. The sergeant who officiated usually called in vain for the older members to turn out and had to be content with a parade of reinforcements. Games and exercises frequently gave way to a short run to the showers close by. One morning the Egyptian newsvendor, a regular visitor to the lines, wishing to take part in callisthenics, removed his dirty "nighty" and displayed, to the surprise of all, not only a fine physique but also a set of immaculate underwear.**

**'Occasionally the monotony of camp life was broken by a minor celebration, a ceremonial parade, or a trip to **Cairo**, where the recently established New Zealand Forces Club, with its fine appointments, provided the enormous quantities of ice cream, fruit salad, and iced drinks needed to meet the demands of the soldier's ever-present and unquenchable thirst. On one occasion, to dispose of accumulated canteen profits, the unit indulged in a dinner of quite elaborate proportions, followed by an informal smoke concert. Some of the items would hardly have graced a drawing room. As those who preferred Bach or Beethoven to the strains of bawdy lyrics could listen at almost any time outside the sergeants' mess to Sgt Dudley Ford's pianoforte renderings of the works of the masters, and as those of a more religious turn of mind had frequent opportunity to express their devotions in informal song service, nobody could really object to the more riotous element expressing itself occasionally in a little harmless revelry.'**

**Replacing 4 Field Ambulance, 6 Field Ambulance in August 1941 took over the administration of **Helwan** Camp Hospital. With permanent hut accommodation and a **YMCA** hut, a **Naafi**, and a cinema close by, **Helwan** Camp seemed, after **Garawi**, like a return to civilisation.**

**The honour of presenting a cheque to the Naval Welfare Fund from the New Zealand Division fell to L-Cpl D. W. Sampson of 6 Field Ambulance. This voluntary contribution from all ranks was in**

recognition of the **Royal Navy's** assistance in the evacuation of **Greece** and **Crete** and was presented to Admiral Cunningham, Commander-in-Chief of the **Mediterranean Fleet**, at **Alexandria**.

## *1 General Hospital Reorganised*

When 1 General Hospital returned from **Greece** it went to **Maadi Camp**. The unit counted its casualties and found them to be 79 prisoners of war and two killed. It heard with pride of the good work of its small group on **Crete**. The fate of the unit hung in the balance for a time—it might have ceased to be a hospital—but the decision was made to reform it. Members of the staff who had been helping other medical units were recalled, reinforcements were posted, and a search for fresh equipment began.

In August Col Stout, who had been acting CO, and Col Boyd became Consultant Surgeon and Consultant Physician, **2 NZEF**, respectively, while Col Pottinger was appointed commanding officer of the hospital. On 8 September Brig MacCormick inspected the unit and expressed his pleasure at its reconstitution, making mention of Quartermaster-Sergeant Rhind's <sup>5</sup> good work in collecting the equipment.

Early in September the order came for the transfer of the administration of the hospital at **Helwan** to 1 General Hospital. It was desired to give **2 General Hospital** an opportunity to take its turn as the 'mobile' general hospital of **2 NZEF**, and it was felt that a change of conditions might benefit the health of the staff.

With mixed feelings the staff of **2 General Hospital** prepared to leave the hospital where they had worked for nearly twelve months. Though loth to leave the institution, most welcomed the change and the possible opportunity of establishing and running a field hospital. The conditions under which they had been working were as near to those of a civilian hospital as would be possible in an army on active service, and there was a danger of becoming too set and stale. But, in the words of the commanding officer, Col Spencer:

**‘The monotony of the same daily toil week after week, and the heat of the summer months, when the hospital was full to capacity and staff was short, never affected the efficiency or thoroughness of our work—calls for extra duty, night or day, were answered without exception with energy and cheerfulness.... For us there is none of the *élan* of a combatant unit. The success of a hospital is dependent on a spirit of service to one's fellows—service which is freely and cheerfully given under all circumstances. It is this spirit which has built up the name of **2 General Hospital**, and I rest confident that the same spirit will enable us to answer any call made on us in the days to come for the utmost well-being of the sick and wounded who may find themselves under our care.’**

**On 15 September an advanced party from 1 General Hospital moved to **Helwan**, the change-over being completed on the 18th. The work of the hospital in its care for 530 patients continued without interruption. 1 General Hospital was to remain at **Helwan** until April 1944. The hospital had been expanded to 900 beds and preparations were made for emergency expansion to 1200 beds.**

## **NZANS**

**At this time two innovations that had a marked effect on the future of the **NZANS** were introduced. One was the abolition of the rank of staff nurse and the adoption of ‘pips’ instead of stripes as badges of rank. The psychological effect on the masculine mind of this added prestige was both interesting and amusing.**

**Then, too, the first application from a sister of the **NZANS** for permission to marry was received. The pros and cons of such a step being taken by a sister on overseas service gave Headquarters much thought before the policy to be adopted was decided on. However, at length permission was given, and to **2 General Hospital** fell the honour of the first ‘mess’ wedding. The reception at the **Kiwi Club, Helwan**, was attended by the sisters of both 1 and 2 General Hospitals and a number**

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In the years to follow, many such functions were celebrated. A wedding in the mess could be coped with in the same easy, happy manner as all mess social functions. To all members of the **NZANS**, and later of the **WAAC**, who married overseas, went the sincerest best wishes of their fellow sisters and nurses.

### *Expansion of 3 General Hospital*

By the end of July 1941 the work of 3 General Hospital at **Helmieh** had so increased that it was necessary to provide more accommodation, and the establishment was increased from 600 to 900 beds. The number of occupied beds remained comparatively steady, with convoys of admissions being offset to some extent by the evacuation of Grade E patients to New Zealand.

The first anniversary of 3 General Hospital on 28 October 1941 was celebrated by a dance and social evening in the Garrison Hall, **Helmieh**. Most of the staff there had sailed with the unit from **Wellington**, not many changes or additions having then taken place. Since its arrival in Egypt in March the unit had worked hard tending sick and wounded, mainly New Zealanders, but also British and Australians, and had continued the task of developing and improving a barren site into a garden hospital. During the year over 4800 patients had been treated. Little did the unit realise that there were another 40,000 patients to follow.

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<sup>1</sup> Col D. N. W. Murray, CMG, \* DSO, \* m.i.d. (3); born **Auckland**, 28 Aug 1876; Medical Practitioner, **Auckland**; South African War 1900, Corporal RAMC; **1 NZEF** 1914-19, Egypt, **Gallipoli**, **France**, **Germany**; CO Mounted Fd Amb; CO 2 Fd Amb; President Travelling Medical Board, **Anzac Corps**, **France**; ADMS NZ Div. **Germany**; Commandant Second Army Medical School, **France**; CO Military Hospital, **Auckland**, 1919; OC Troops HS *Maunganui* Apr 1941-Feb 1942; died **Auckland**, 4 Sep 1945.



\* **First World War.**

<sup>2</sup> **Matron Miss E. M. Lewis, RRC, m.i.d.; born England, 14 Feb 1882; Matron, Blenheim Hospital; 1 NZEF 1916-19, Sister, Egypt, and Hospital Ship *Assaye*; Matron HS *Maunganui* Apr 1941-Feb 1942 and Aug 1942-Nov 1944.**

<sup>3</sup> **Col N. C. Speight, CBE, ED; born Dunedin, 6 Jul 1899; Surgeon, Dunedin; Medical Officer 1 Conv Depot Mar-Nov 1940; 2 i/c 4 Fd Amb Nov 1940-Jun 1941; CO 6 Fd Amb Jun-Nov 1941; p.w. *Libya*, Nov 1941; repatriated Apr 1942; ADMS 4 Div (NZ) Nov 1942-Mar 1943; ADMS 3 Div ( *Pacific*) Mar 1943-Nov 1944.**

<sup>4</sup> **Sgt A. Ashley-Jones; born Paraparaumu, 5 Mar 1913; public servant, *Wellington*.**

<sup>5</sup> **Lt R. S. Rhind, m.i.d.; born *Lyttelton*, 9 Sep 1896; clerk, *Lyttelton*; NCO 1 Gen Hosp May 1940-Feb 1942; Quartermaster 1 CCS Feb-Nov 1942, 3 Gen Hosp Nov 1942-Jun 1943.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**BACK** in Egypt the hospitals received the casualties from the campaigns in **Greece** and **Crete**. On 23 April instructions were received by **2 General Hospital** to make preparations for the possible admission of large numbers of battle casualties from **Greece**. Fortunately, **3 General Hospital** at **Helmieh** was just ready to receive patients; this unit took 120 medical cases from **2 General Hospital**, and with normal discharges the number of patients at **Helwan** was reduced to 250. On 24 April the unit took over the section behind the sisters' quarters, Gubalieh, dug in tents, and erected a tented hospital. The first casualties from **Greece** arrived on 23 April when 70 patients were transferred from **26 British General Hospital, Kephissia**. Some of the medical officers and orderlies from **2 and 3 General Hospitals** and **Maadi Camp Hospital** were sent off to disembarkation ports to assist with the wounded, but these cases were all accommodated at first in British hospitals, where they received their initial treatment. One hundred and thirty-one more patients from **Greece** were admitted to **2 General Hospital** on 20 May.

Two convoys of Australians had arrived from **Tobruk** on 14 May. With 757 beds equipped, **2 General Hospital** now had a total of 669 patients. Authority was received on the 29th for **2 General Hospital** to expand to 900 beds, and the erection of extra tented wards was pushed ahead in the Gubalieh area. However, on 31 May, when the arrival of a convoy of 375 casualties next day was announced, there were only 830 beds in the hospital. To tide over the interval before new wards could be equipped, the unit found accommodation in the cinema opposite the hospital. The convoy duly arrived and the total of patients jumped to 967; 48 hours later all were transferred to actual hospital accommodation.

The first patients admitted to **3 General Hospital** were 18 casualties from **Greece**. They arrived on 23 April. From then on patients were

admitted in large numbers, both from **Greece** and from the **Western Desert**. The German **Afrika Korps** had made its first appearance in the desert in March, and the British troops lost the territory gained during General Wavell's offensive against the Italians.



Central and Eastern Mediterranean

Large convoys were admitted to 3 General Hospital during May, testing to the full the efficiency of a staff new to their duties. On the 29th 290 battle casualties were admitted from **Crete**, but the largest convoy was one of 302 patients from the **Western Desert**. This was the largest convoy admitted in the history of the unit.

Throughout this busy period developmental work continued, and at times it became difficult to find enough equipped beds to meet the influx of sick and wounded. An epidemic of influenza among the 5th Reinforcements resulted in 261 patients being admitted, and the hospital was placed in isolation for 14 days. A further complication was an epidemic of sandfly fever among the staff. Very few escaped infection, and at one stage 42 members of the unit were in hospital with this complaint. Despite all these difficulties, large numbers of patients were received and cared for, and although the hospital had begun operations by dealing mainly with medical cases, it was able, when required, to deal with large numbers of surgical cases.

**The Prime Minister of New Zealand, the Rt. Hon. P. Fraser, arrived in Egypt shortly after the evacuation of Greece, and visited the wounded in the hospitals, speaking to the men individually or in small groups for a few minutes each. He also inspected the hospitals and expressed himself as very satisfied with the attention given the sick and wounded.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE WOUNDED FROM GREECE AND CRETE

### *The Wounded From Greece and Crete*

**Not many seriously wounded came from Greece. Most of them were in hospital in Athens and had to be left behind. Those who were admitted to hospitals in Egypt seemed to suffer as much from mental stress as from physical injury. There was an airfield near one of the hospitals and aircraft sometimes flew low over the wards. On the approach of a plane some of the men, not knowing what they were doing, would take cover under their beds. Some were rather bewildered and shocked and found it hard to realise they were safe.**

**The wounded from Crete brought back with them harrowing tales of battle-tired men. As the sisters sponged them or dressed their wounds, the men spoke of waves of parachute troops, of enemy control of the air, and of the merciless ground strafing of individual targets. The wounded arrived at hospital tired, haggard, and unkempt, but in a surprisingly short time, with rest and good food, they had regained their normal confidence.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HOSPITAL SHIPS

### *Hospital Ships*

The more seriously wounded were invalided back to New Zealand on the *Maunganui*, which arrived at **Port Tewfik** on 22 May on her first voyage as a hospital ship, with Col D. N. W. Murray <sup>1</sup> in command and Miss E. M. Lewis <sup>2</sup> as Matron. To take most of the wounded men the ship was kept in port until 10 June, when she took on board 338 New Zealanders and 40 Australians for the journey home. Between January and April the ship had been refitted at **Wellington** as a floating hospital, thoroughly up-to-date in every way and fully equipped with the latest medical and surgical appliances. Her interior was as impressive as her striking outer appearance, with its gleaming whiteness relieved by a green band round the hull and huge Red Crosses on each side. The operating block—main theatre, plaster room, and X-ray department—was an object of special pride, often admired by the staffs of other hospital ships.

The patients had come from **Cairo** by hospital train overnight, and embarkation began early on 10 June. The system of embarkation had been well planned beforehand and in three hours all the patients were on board, including 79 stretcher cases. Surprise was expressed by the British embarkation officers that loading had been completed so quickly. During the morning **General Freyberg** and Brig MacCormick talked with the patients on the ambulance train and on the ship.

Whether walking or on stretchers, the patients came on board with broad grins, pleased at the thought of going home. Guides or stretcher-bearers took them to their beds in the wards, whose cool green and cream walls were a restful contrast to the glare of the desert. The sisters ensured that the men were comfortable. The first meal on board was a revelation. An abundance of New Zealand produce kept fresh in the freezing chambers made the patients realise what they had been

missing.

The *Maunganui* finished taking on oil and water in the afternoon and set sail on her month's voyage to New Zealand, calling at **Colombo** and **Fremantle**, where the men able to go ashore were entertained by local residents. Then came a welcome for all at **Wellington**, where the patients passed into the care of the Casualty Clearing Hospital at Aotea Quay. After a few days the *Maunganui* turned her nose again to the **Middle East** for the second of her steady round of voyages. On the way to Egypt the medical staff cleaned up the ship and prepared for the next intake of sick and wounded.

Before the *Maunganui* reached **Port Tewfik** again in August the **Netherlands** hospital ship *Oranje* had called there for a load of Australian and New Zealand patients. The *Oranje*, a magnificent new ship, large and fast, had been made available to **Australia** and New Zealand to bring home sick and wounded from the **Middle East**. Fitted out earlier in the year as a hospital ship, she had a composite Dutch, Australian, and New Zealand medical staff. The New Zealand complement remained on board throughout the war, though later the ship was mainly engaged in taking British invalids to the **United Kingdom**. On 7 August the *Oranje* embarked 199 New Zealand and 431 Australian patients.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 2 GENERAL HOSPITAL

### *2 General Hospital*

**June was a particularly busy month at 2 General Hospital, with 1127 admissions, including 360 battle casualties. In nine months the hospital had admitted 7560 patients, and in addition a large number had attended the out-patient department. Dealing with these admissions called for the co-operation of all ranks, and the quality of the work done was of a high order. Col Spencer paid the following tribute to his staff in his monthly report to DDMS 2 NZEF:**

**‘The medical officers, I consider, have maintained a very high clinical standard, both surgical and medical; the work of the sisters has been consistently good and thorough, as is borne out by the testimony of many hundreds of patients; but I should like to draw special attention to the solid and unremitting toil of the NCOs and medical orderlies. In spite of the addition of natives for the more menial tasks, the brunt of the ward work has fallen on the corporals and privates of the unit. Always understaffed in the wards, with a very big turnover of patients, they have worked on at their daily tasks with hardly even a grumble. This has called for much hard physical exertion due to the nature of the building and the carriage of patients, packs, and meals up and down two to four flights of stairs. It would be invidious to single out any special department, but I feel that equal praise should go to the cooks, clerks, orderlies in charge of linen, pack, and ordnance stores, ward and medical orderlies.’**

**The weather during July was very trying and showed its effects on staff and patients alike. A succession of hot and sticky nights made sleep difficult and unrefreshing. Constant war was waged against bed-bugs in all staff quarters, though fortunately the hospital itself was almost entirely free of them. In some of the new tented wards, however, the patients were particularly troubled for a few nights.**



**During July the unit said goodbye to ten men who were posted to the newly formed Mobile Surgical Unit. These men were carefully selected and were among the best in the unit. This was the first serious encroachment on the original staff of the hospital, which had trained and worked in harmony to such good purpose.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE FIELD AMBULANCES

### *The Field Ambulances*

On its return from **Greece** 4 Field Ambulance went to **Helwan** Camp, the re-mustering camp for all New Zealand troops evacuated. Here the unit set up tentage for a camp hospital on the area previously occupied by 6 Field Ambulance. At **Garawi**, a mile or two beyond **Helwan**, an isolation camp hospital was established by A Company for the nursing of influenza patients from the 5th Reinforcements. At the end of May 4 Field Ambulance provided a party of four medical officers and 40 men to assist in receiving wounded from **Crete** at the **Alexandria** wharves and in the adjacent staging camps.

After the return of the medical units from **Crete**, a week's leave was granted to all those who had taken part in the campaign, a much-needed rest and break; and for three weeks duties or training were almost negligible and there was frequent day leave to **Cairo**. During this time 5 and 6 Field Ambulances moved to a camp at **Garawi**.

**Garawi** was not encouraging; it seemed like the last place on God's earth. The new CO 6 Field Ambulance, Lt-Col **Speight**,<sup>3</sup> suggested that it would be an excellent breaking-in ground as the unit, when it went into the **Western Desert**, would be likely to find few worse places. It was a completely tented camp, out in shelterless, blazing desert, swept each afternoon by hot winds and blinding and stinging sandstorms. The summer of 1941 was said to be the hottest Egypt had experienced for 50 years—the same was also said of later summers. There were no canteen or entertainment facilities in the area, and the nearest **Naafi** and cinema were at **Helwan** Camp, a two-mile walk, and an infrequent and unreliable bus service covered the five miles or so to **Helwan** township. The place seemed to all intents and purposes completely cut off from the outside world.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 GENERAL HOSPITAL REORGANISED

### *1 General Hospital Reorganised*

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## NZANS

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EXPANSION OF 3 GENERAL HOSPITAL

### *Expansion of 3 General Hospital*

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**DURING** September the field ambulances moved to the **Western Desert** with the Division. The convoys of trucks and ambulance cars moved out on the road through **Cairo**, past the Pyramids and **Mena Camp**, and on to the stretch of desert road leading to **Alexandria**. Then, turning west from **Alexandria**, the convoys drove along the coastal edge of the **Western Desert** that all were to get to know so well during the next two years.

On the third day, after moving in easy stages, trucks swung past the small station of **Sidi Haneish**, some 30 miles from Mersa **Matruh**, and halted near the little wadi that was to be the new camp area. The area into which the Division had moved was the **Baggush** Box, the defensive position dug and manned by the troops of the First Echelon in 1940. Wells in the small oasis of palm trees at the end of the little wadi provided a good supply of water.

The Germans and Italians were holding strongpoints in the **Sidi Omar, Sollum, Capuzzo** area near the border and besieging **Tobruk**. Another drive had to be launched against them, if possible before they were in a position to storm **Tobruk**, for which it was known they were preparing. The New Zealanders naturally expected to be given a role in the **Western Desert** again, this time as one of the foundation divisions of the **Eighth Army**, which took over operational command of all troops in the **Western Desert** at midnight on 26-27 September.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 FIELD AMBULANCE'S CAMP HOSPITAL

### *6 Field Ambulance's Camp Hospital*

**Indian troops moving out of Baggush left their dug-in EPIP tents to serve as hospital wards for the camp hospital 6 Field Ambulance was to establish. The erection of more tents, dug in and sandbagged, completed the hospital layout, and very soon the little hospital was operating.**

**The spot was more pleasant than any of the unit had expected. The wadi provided natural shelter and the surroundings were relieved from the monotony of flat desert by a line of white sandhills running down to the sea coast about half a mile away, and by the little oasis of green date palms where the wadi opened into a flat basin a few hundred yards below. A single, large, spreading fig tree was the only vegetation in the camp area, but in the many dips and hollows the men were able to dig cosy little holes over which to erect their bivvy tents, and with much ingenuity and improvisation there were soon many comfortable little dugout homes scattered about the area. The blue water of the Mediterranean close by was delightfully calm and refreshing, and the men spent much of their off-duty time swimming and basking on the beach.**

**A test of 6 Field Ambulance's organisation came early in a rush of a hundred South Africans suffering from acute food poisoning. Without warning, they descended upon the MDS one morning. Large tarpaulin shelters were erected to accommodate them, the MDS managed to provide blankets and stretchers, and all received care and attention. Within a day or so the majority returned to their units; the gift of a large number of cigarettes from the South Africans for the orderlies who attended them was much appreciated.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## LIFE IN THE DESERT

### *Life in the Desert*

Conditions in the **Western Desert** were by no means as unpleasant as many had expected. Everyone was accommodated quite comfortably, and the weather in September and October became cooler and less trying. The men were able to keep in touch with civilisation through a special **Western Desert** edition of the *Egyptian Daily Mail* and the weekly *2 NZEF Times*, or could listen in the evenings to a wireless programme or news commentary. In the large dugout canteen the men drank beer and played housie-housie, and the canteen always stocked a good selection of tinned fruit, biscuits, chocolate, and cigarettes, and many other extras. Meals were excellent and the water ration adequate.

By day swimming and football matches provided occupation and interest, but the long and rapidly cooling nights dragged slowly and lack of entertainment was keenly felt. Thoughts would often turn to home and well-lit rooms and female company, a fire and friendly chairs and all the very personal things that seemed now to belong only to the past.

Early in November patients were all evacuated from the camp hospital and 6 Field Ambulance's equipment and medical stores were checked over and brought up to war scale. It was apparent that a major move was impending.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## DESERT HOSPITAL AT GERAWLA

### *Desert Hospital at Gerawla*

In November **2 General Hospital**, under Col Spencer, left **Maadi** to establish a tented hospital in the **Western Desert**. The site was near **Mersa Matruh**, at **Gerawla**. A few trees growing near the water point gave that lonely little station its only and considerable mark of distinction. Beside the railway ran the road, and just beyond the road, behind a well-built embankment, was the site chosen for **2 General Hospital**.

Arriving at **Gerawla** on 4 November, everybody set to work unloading the 200 tons of equipment from the trucks, erecting bivouac tents, and preparing the site. During the initial period 60 men of the newly formed **1 NZ Casualty Clearing Station** were attached to the unit and provided willing help.

Hard manual work continued for the next three weeks—in spite of the heat and the rocky ground, the men worked hard with pick and shovel to excavate sites for wards as a protection against bomb damage. Graders and steam rollers came to their aid, while gangs of native labourers worked spasmodically. The theatre block, comprising operating theatre, plaster-room, X-ray unit and resuscitation ward, was dug out to a depth of six feet, and the cookhouses and telephone exchange sunk to a depth of four to five feet. All these dugouts were roofed with corrugated iron. Many other tents were sunk to a depth of three feet. The staff dug away the ground under their bivouacs, individual rivalry producing comfortable quarters, in some of which there was standing room. Ward tents were laced and laid out, ready to erect at a moment's notice, and equipment was distributed so that the unit was soon ready to function. Deficiencies were rectified by using odds and ends of material salvaged from nearby areas.

The hospital site was laid out in the form of a cross, the

administrative offices forming a small central cross and the ward tents a larger one. It was thought that the nature of the unit would be recognised from the air, especially when the roofs of the tents were painted red. By 23 November, when the sisters rejoined the unit, the digging in of tent sites and the erection of tents was completed and the hospital ready to take patients. The opening ceremony was held—only 20 days after the unit first arrived. The flag was broken out on a beautiful day, the bright sunshine, crisp air, and sparkling blue vista of the **Mediterranean** combining as a happy augury for the future work of the hospital. The sisters gave a tea party to mark the occasion.

Towards evening a plane passed overhead towards the railway station and appeared to be back-firing rather badly. Sisters, ever solicitous for the wellbeing of the Air Force, and also with their fair share of feminine curiosity, rushed outside their tents to see what was happening, talking altogether in the way that women sometimes do, when a masculine voice of authority shouted, 'Tell those —-girls to take cover! Jerry is machine-gunning the station!' With more haste than dignity they did as they were bid, but it was many months before they could live down the incident.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MOVE TO THE FRONTIER

### *Move to the Frontier*

On 11 November the New Zealand Division began its approach march by motor transport to the Libyan frontier. The trucks were well loaded with gear, including some stowed away in three wooden racks (two along the sides, one along the front) suspended from the canopy frame. Most of the men's personal gear, other than bedrolls, went in these racks, the remainder being used as additional padding on the tops of boxes and panniers. A member of a group travelling on one of the trucks, Pte F. L. Newcombe, <sup>1</sup> of 4 Field Ambulance, gives us the following picture of the journey:

‘In the driver's seat rode our officer, commonly known as “Old Bill”, then the driver, Doug. On the back in a row, lying on their backs as they couldn't sit up beneath the forward rack, were Carv, Bernie, Bill and Jack; then came Vern and “Happy”, one sitting on each side, myself in the centre. At the tail, in a jumble of legs and bodies all their own, were “Butch”, “Curly”, Colin, Al, “Cocoa”—derived from Bournville; while Dave, being NCO in charge, perched here, or stretched yards of body over other people's legs as the night went on. In “civvy street” we numbered ourselves the following occupations: waterside worker, schoolteacher, slaughterman, clerk, railway employees (2), warehouseman's assistant, barber, student demonstrator, upholsterer, bookkeeper, tramway linesman, fire-brigadesman, and apprentice to a maker of wooden clogs....

‘Of the journey that afternoon (and subsequent days and nights) one has the usual glimpses that remain, while other memories have gone. Busy military traffic, both ways; the pink, or cream or red, sand and rocks and pebbles of the desert country; the last tiny glimpse of white sand and blue sea before the **Mediterranean** disappeared from view; of a Field Bakery and cries for *mungaree*; a halt at dark for a snack; the

refitting of bodies and legs into a jigsaw puzzle, containable by the truck; the first of a series of desert night rides; the bumps, bangs, and general cold discomfort; curses now and again; memories and tales of Greece cropping up all the time; someone with a remarkable repertoire of songs in which others join when they know them; at length, halts for rest, the digging of slit trenches, and fitful sleep using a steel helmet as a pillow, battle dress as bedding, and the stony ground as a bed.’

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<sup>1</sup> L-Cpl F. L. Newcombe; born Wellington, 20 Oct 1910; civil servant, Wellington.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MOVE INTO LIBYA

### *Move Into Libya*

All three New Zealand field ambulances and the Mobile Surgical Unit were concentrated on 18 November, 20 miles west of **Conference Cairn**. One company from each field ambulance was then detached and came under command of its respective brigade. These companies moved into **Libya** with their brigades on the night of 18-19 November.

‘That night the whole visible world around us seemed to be moving on wheels,’ wrote Pte Newcombe. ‘There were lines of vehicles, sometimes roaring as they sped ahead or, faltering, took some rise, or with grinding brakes descended a faintly glimpsed declivity. In this manner we crossed the Wire, dust in the air, a cloudy sky, lights of traffic colour guides, occasional bangs and flashes, these last the subject of many surmises.

‘With daylight dispersal, the column's vehicles were scattered over a huge area of undulating ground as far as the eye could see. That morning the first patients were received.

‘The afternoon was notable for two investigating Messerschmitts who, like angry silver hornets, darted down from the clouds, but being met by a cone of ack-ack fire, quickly made for cloud cover and were off. Our own bombers with fighter escort passed over in numbers that seemed unreal to us with our memories of **Greece**—was the boot really on the other foot? At 3 p.m. the brigade group moved north about twelve miles and they lay up in laager until 1.30 p.m. on 21 November.

‘As we moved forward on 21 November we suddenly came across many tank tracks and heaps of empty tins and scattered wrappers. Halting here, we got down and looked them over—tins of peach jam and tomatoes were both Italian make; cigarette packets were Austrian;

chocolate wrappers came from Bordeaux, while sausages, naturally, were German.'

The main bodies of the three field ambulances, the Mobile Surgical Unit, and 4 Field Hygiene Section crossed the wire on 21 November and dispersed that night near Point 187. Next morning the medical group moved on in desert formation to a point south-west of **Sidi Azeiz** crossroads. West of **Sidi Omar** the convoy had to make a deviation to avoid enemy shellfire from a battle then in progress in that area. It was planned to set up a chain of dressing stations, with one every 25 miles, back to the casualty clearing stations near the frontier. While 5 Field Ambulance, under Lt-Col Twigg, moved back to Point 187 to set up an MDS, 4 Field Ambulance, under Lt-Col Tennent, opened an MDS eight miles south-west of **Sidi Azeiz**. The Mobile Surgical Unit, under Maj Furkert, was attached to 4 MDS, and 6 Field Ambulance was in reserve.

The Mobile Surgical Unit, the only unit of its kind in the **Eighth Army**, was attached to the field medical units to carry out major forward surgery of all types. It carried elaborate equipment in a specially designed van, and also a valuable extra supply of water. It was fully mobile and self-contained and had a picked staff of surgeons and nursing orderlies.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE FIRST BATTLES

### *The First Battles*

The broad intention of the British offensive was the destruction of enemy forces in North Africa, and the first phase was to be the recapture of **Cyrenaica**. The plans of the campaign were altered as the campaign progressed. That which had at first been incidental to the plans, the relief of **Tobruk**, became the major objective, and 2 NZ Division was used to achieve it. The initial task was to isolate enemy forces in the **Sollum-Bardia** sector of the frontier defences, and to this end 5 Brigade captured **Sidi Azeiz**, **Capuzzo**, and **Musaid** on 21 and 22 November.

As the attack developed, 5 ADS, under Capt **Edmundson**,<sup>2</sup> which opened near **Sidi Azeiz** on the morning of 22 November, received numerous wounded, both New Zealand and enemy. Accommodation was grossly overtaxed and there was insufficient equipment. The position of 4 MDS was then unknown. Welcome help was received from a British medical unit which supplied blankets, stretchers, and other medical supplies. The admission of casualties continued throughout the night and early hours of the morning, and at the first opportunity a reconnaissance successfully located the MDS. It was then possible to divert most of the steady stream of casualties to the MDS, the unit's car post at **Fort Capuzzo** evacuating the patients. At 6 p.m. on 23 November the ADS moved out to the **Sidi Azeiz** crossroads, where by seven o'clock next morning a new ADS was established at Brigade HQ. Patients continued to arrive and their evacuation was always a problem.

Eight miles south-west of **Sidi Azeiz**, 4 Field Ambulance set up an MDS; it dealt with 250 casualties after the engagements on 22 and 23 November. The Mobile Surgical Unit opened near 4 Field Ambulance MDS and performed 40 major operations.

Meanwhile, on 21 November, 6 Brigade was directed to move

westward to assist 7 British Armoured Division at **Sidi Rezegh**. After capturing the **Gambut** airfield, the brigade pushed on westwards and, after a hard-fought battle, drove the enemy back from Point 175 on the 23rd. On the same day 4 Brigade moved westwards to link up with 6 Brigade. The Division, less 5 Brigade, which was left behind to carry out the task at the frontier, was now committed to capturing the features dominating the route to **Tobruk** via Ed Duda. After hard fighting **Belhamed** and **Sidi Rezegh** were captured, and on the night of 26-27 November the Division joined up with the **Tobruk** garrison at Ed Duda.

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<sup>2</sup> **Col F. B. Edmundson**, OBE, ED, m.i.d.; born **Napier**, 22 Jan 1910; Medical Practitioner, **Auckland**; Medical Officer LRDG Apr 1940-Oct 1941; 5 Fd Amb Oct 1941-Feb 1943; 1 Gen Hosp Mar-Jun 1943; 6 Fd Amb Jun 1943-Apr 1944; CO 4 Fd Amb Apr-Dec 1944; CO 6 Fd Amb Jul-Oct 1945; DDMS 2 **NZEF** Oct 1945-Feb 1946.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WORK OF 4 ADS

### *Work of 4 ADS*

**B Company, 4 Field Ambulance, under Maj Harrison,<sup>3</sup> was under the command of 4 Infantry Brigade. The company arrived at Menastir on 22 November, after the cutting of the Tobruk- Bardia road by 4 Brigade that morning, and set up an ADS to receive the first battle casualties, most of whom were Germans. The position of the MDS was not known, but the ADS was cleared by sending two truck-loads of patients to HQ NZ Division to be redirected from there. Next day the ADS was cleared by three ambulance cars before the unit moved to the Gambut airfield, which had been captured by 19 Battalion, to set up an ADS there.**

**On 24 November the brigade group travelled twelve miles to Zaafran, where the ADS was established and worked all night. The company had carried its patients for two days, but on 25 November three ambulance cars arrived from the 6 Field Ambulance MDS, now about four miles to the south, and the ADS was cleared. A shortage of supplies, especially water, was becoming acute. About eighty battle casualties were admitted during 26 November, and the evacuation of the patients to the MDS worked smoothly.**

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<sup>3</sup> **Maj T. W. Harrison, OBE, m.i.d.; born Dunedin, 9 May 1912; House Surgeon, Dunedin Hospital; DADMS 2 NZEF Jan-Mar 1940; Registrar 4 Gen Hosp Jul-Oct 1940; 4 Fd Amb Oct 1940-Sep 1942; Surgeon 1 Mob CCS Sep 1942-Jul 1943; Surgeon 3 Gen Hosp Jul 1943-Jun 1944.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WORK OF 6 ADS

### *Work of 6 ADS*

On the morning of 23 November, as they pulled up for breakfast near Bir Chleta, elements of 6 Brigade clashed with part of the **Afrika Korps** headquarters. Working from the trucks and ambulances under shellfire, the men of 6 ADS, under Capt **Staveley**,<sup>4</sup> treated many wounded, mostly German prisoners, whom they were obliged to leave with water and a **Red Cross** sign to be picked up by others. Moving on again in the afternoon, the ADS set up in a wadi seven miles east of **Sidi Rezegh**. Here again the unit was shelled, and then came under fire again when four German tanks directed an attack on nearby New Zealand units. Machine guns blazed straight through the dressing station and bullets whistled among the tents. Hurriedly the staff pulled down their tents, threw them aboard the trucks, and moved with all speed towards Brigade HQ. Here some tents were erected again to deal with the numerous casualties. The recent experience had been unsettling, but Capt Staveley managed to restore order and Father **Kingan**<sup>5</sup> assisted in organising the evacuation centre. Soon everything was back to normal. This was fortunate, for many casualties from the bitter struggle for Point 175 were admitted during the afternoon and night. The staff worked at high pressure, and in the early morning it was possible to evacuate the wounded.

The ADS then set up again in the wadi which it had hastily left the previous afternoon. But there was no rest as more wounded flooded in. Work again went on into the night. About midnight HQ and B Companies of 6 Field Ambulance arrived to set up an MDS and take over the patients, now amounting to 250. The ADS had already evacuated 200 cases, who had a long journey of 72 miles over rough desert before reaching 15 British CCS.



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<sup>4</sup> **Maj J. M. Staveley, MC; born Hokitika, 30 Aug 1914; Medical Officer, Auckland Hospital; Medical Officer 6 Fd Amb Mar 1940-Jan 1942; OC 2 Field Transfusion Unit Aug 1943-Apr 1944; Pathologist 2 Gen Hosp Apr-Nov 1944; wounded 18 Apr 1941, 1 Dec 1941, and 2 Dec 1941.**

<sup>5</sup> **Rev. Fr. J. L. Kingan, MC, m.i.d.; born Tai Tapu, 16 Sep 1901; schoolmaster, St. Patrick's College, Silverstream; wounded 27 Feb 1944.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 MDS MOVES UP TO SIDI REZEGH

### *6 MDS Moves up to Sidi Rezegh*

On the morning of 23 November, 6 Field Ambulance (less A Company) was stationed in reserve near **Sidi Azeiz**, about a mile and a half to the east of 4 MDS. Late that morning, after a conference between Col Kenrick, ADMS 2 NZ Division, and the CO (Lt-Col Speight), 6 Field Ambulance was instructed to move along the Trigh Capuzzo and open an MDS at some suitable spot to the east of **Gambut**, in which area 4 and 6 Brigades were now located. For this move the ambulance was attached to the Advanced Divisional HQ convoy, which was moving west from **Sidi Azeiz** that afternoon. Towards evening this convoy became involved in a brush with enemy tanks and a wide detour to the south of the Trigh Capuzzo was necessary. The convoy dispersed and halted for the night.

On the morning of 24 November tank shells began to fall amongst the ambulance vehicles, and the unit was moved a mile to the south, to the entrance of a wide wadi, where a number of casualties from the tank battle were treated. One or two abandoned vehicles were discovered here and, having been made road-worthy, were added to the unit transport.

The convoy began moving up the wadi at 2.30 p.m.; shortly afterwards 6 Field Ambulance received instructions to go to a wadi seven miles from **Sidi Rezegh** to take over from 6 ADS and open an MDS there. Darkness was now falling, and by the time all the ambulance vehicles had negotiated the steep track from the wadi to the escarpment, it was already dark. As there were only the vaguest notions where precisely A Company was sited, the next three hours of wandering in the desert were anxious ones. Capt Staveley's ADS was found about midnight and the MDS erected immediately. A Company's personnel were thus given a short rest from the extremely strenuous work which had occupied them for the previous few days.

**During the next 24 hours 450 casualties were received at 6 MDS in a steadily increasing stream, which by the morning of 26 November had reached almost flood proportions. The operating theatre was busy continuously.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CONCENTRATION OF DRESSING STATIONS

### *Concentration of Dressing Stations*

The wadi in which 6 MDS was sited was a large shallow gully, half a mile or so in length and one to two hundred yards wide, and it provided good shelter for a large dressing station. Although two convoys of wounded were evacuated—150 in trucks and 279 in a British motor ambulance convoy—at times casualties unavoidably had to be left lying around the area with no cover. The position was considerably relieved when the MDS was later joined in the wadi by almost all of the Division's medical units—the Mobile Surgical Unit on 25 November, 5 MDS and 4 Field Hygiene Section on the 26th, and 4 MDS (with 150 patients and less a detachment of its staff, under **Maj R. D. King**, left at **Sidi Azeiz** with seriously wounded) on the 27th. In making the decision to concentrate these divisional medical units, Col Kenrick took into consideration the number of wounded to be treated, and also the fact that some degree of security was afforded by the proximity of the MDS site to HQ 2 NZ Division with its small reserve of tanks. Enemy armoured columns were moving towards the Egyptian frontier, upsetting lines of supply and threatening isolated units. The plan for dressing stations every 25 miles had to be abandoned.

The combined units formed a quite considerable tented colony. Even so, the dressing station was still hard pressed, for in four days almost 1300 men, sick and wounded, New Zealand, British, South African, and German and Italian prisoners, were brought in for treatment; and after the two convoys at first evacuated, one of which narrowly escaped capture, the lines of communication back had been cut by the enemy, and the MDS was obliged to hold and care for its rapidly growing numbers of patients until the Division had forced its way through to the **Tobruk** garrison and established a corridor through which convoys could pass. Then the patients were to be evacuated by hospital ship from

**Tobruk to Alexandria.** When 5 Field Ambulance arrived in the medical area it remained packed in anticipation of an early move into **Tobruk**, where it was to set up an MDS.

As considerable numbers of German wounded were being admitted, Lt-Col Speight arranged for the release of two German medical officers and a number of medical orderlies from the prisoner-of-war cage to assist with the treatment of German casualties. The German officers messed with the MDS officers and proved pleasant and co-operative in every way.

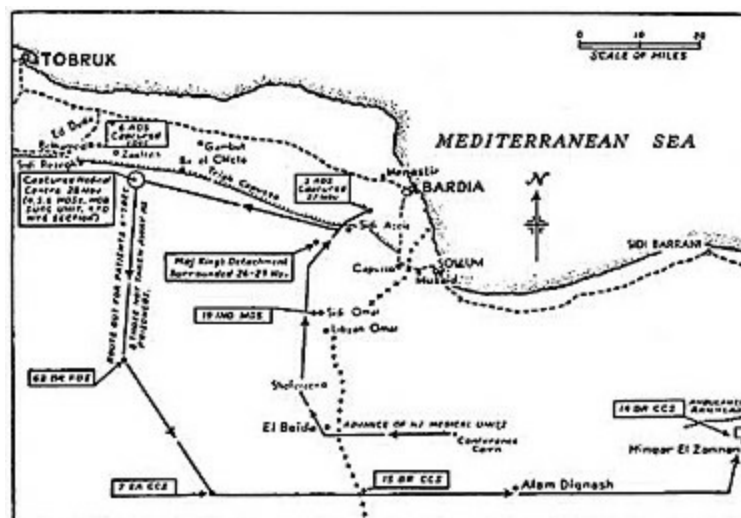
During 27 and 28 November remnants of some South African and British medical units joined the MDS centre. Tentage was allotted to these medical officers, and they were asked to attend to the increasing numbers of Italian wounded coming in. An attempt was made to pass the Italian wounded to the German medical officers for treatment but they politely sent them back. The New Zealanders found that the German medical orderlies avoided all contact with the Italians.

The MDS centres working constantly, day and night, had been almost vainly endeavouring to give treatment and some measure of care and attention to the wounded men who so urgently required it. The reception centre was frequently choked with waiting cases, stretchers with wounded covering the entire floor of the large tarpaulin shelter, with many more outside; men with gaping, horrible wounds and piteously smashed and broken bodies, but there was hardly a murmur from them; their courage and endurance was amazing. Blood transfusions could be given only sparingly, but wounds were dressed and fractures splinted. Day and night in the theatre, with the thick smell of blood, ether, and antiseptic in the air, work continued. Case after case followed from the preoperative tent next door, and the little steriliser boiled continuously. The evacuation centre had spread itself into tentage of every description, shape, and size. Tents of the ambulance units, German tents, and even the crude shelter of odd pieces of canvas accommodated the many hundreds of patients, but blankets were all too few among so many for the bitterly cold nights in the desert. The

nursing orderlies could not hope to give these men the care they really required. Food had to be strictly rationed and water was so scarce that **Red Cross** invalid foods could not be prepared for the serious cases.

At 11 a.m. on 28 November **General Freyberg** visited the MDS and expressed his firm belief that within a very short time access to **Tobruk** would be open and the wounded (then totalling 862, including 96 prisoners) would be evacuated there with all possible speed. This news, which was made known to all troops, materially improved the morale of the wounded, whose condition in many cases was becoming serious. Many men had already been subjected to exposure before they had been brought in.

About four o'clock a tank battle developed about a mile and a half away to the south. The tanks held in reserve at HQ 2 NZ Division joined in this engagement and left the Headquarters and the main dressing stations practically unprotected. The battle drew away to the south-west, and at five o'clock all appeared to be quiet. A quarter of an hour later, just as it was becoming dusk, the medical units and the guards at the adjoining prisoner-of-war cage, containing about 1500 prisoners, were suddenly and unexpectedly attacked from the south-west by German armoured forces and were all captured.



*Libyan Campaign, 1941*  
*Libyan Campaign, 1941*

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## FLUCTUATIONS OF THE BATTLE

### *Fluctuations of the Battle*

**Between 24 and 27 November Rommel had counter-attacked towards the Egyptian frontier, after which his armoured forces streamed back towards Sidi Rezegh. From 28 November the enemy tried to annihilate the New Zealand Division and sever the corridor to Tobruk. During the next few days the Division bore the brunt of this attack, and after successively yielding the key points of Point 175, Sidi Rezegh, and Belhamed, withdrew from the battle during the night 1-2 December. But these battles had also exhausted the enemy, and with the increasing pressure brought to bear on his supply lines, he began to withdraw on 5 December to a line based on Gazala.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 ADS IN THE BATTLE

### *4 ADS in the Battle*

There was heavy shelling in 4 Brigade area all day on 29 and 30 November. The enemy was ranging on a battery near 4 ADS. Several of the wounded in the ADS received fresh wounds, and eight of the staff were wounded and one killed. One of the medical orderlies, **L-Cpl C. Munro**,<sup>6</sup> carried out his duties during the shelling with complete disregard for personal safety and was later awarded the MM.

In the evening of 30 November the ADS was moved to a more sheltered locality. A convoy which had taken patients to **Tobruk** on the 29th returned with 300 blankets and 100 stretchers, which were urgently needed, and a further convoy of patients was sent to **Tobruk** that night.

At seven o'clock on the morning of 1 December there was heavy machine-gun and shell fire to the south of the ADS. A tank battle was in progress, and British tanks manoeuvred among the ADS vehicles. At midday the remnants of the badly mauled 6 Brigade withdrew through 4 Brigade, and the enemy was in full view on the escarpment, south-west of the ADS. Patients were collected from two 6 Brigade medical officers (Captains A. W. Sutherland and G. H. **Levien**<sup>7</sup>), and at 5 p.m. 4 ADS held 120 patients. Eighteen trucks were supplied to carry these patients during 4 Brigade's withdrawal to Egypt that night. Across the frontier the patients were transferred to 14 British CCS at Minqar el Zannan, and the ADS then continued east and reached **Baggush** on 5 December.

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<sup>6</sup> Lt C. Munro, MM; born **Taihape**, 26 Sep 1914; clerk, **Wellington**; 4 Fd Amb Oct 1939-Aug 1945 (RSM); Registrar 6 Gen Hosp, **Japan**, 1946-47.



<sup>7</sup> **Maj G. H. Levien, m.i.d.; born Auckland, 14 Jun 1917; House Surgeon, Auckland Hospital; Medical Officer 5 Fd Amb Jun 1941-Dec 1944; Maadi Camp Hosp Dec 1944-Jul 1945.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 ADS CAPTURED

### *6 ADS Captured*

On the nights of 29 and 30 November 6 ADS evacuated to **Tobruk** hospitals some 600 wounded from the battered 6 Brigade, a total which had called upon all the resources of the staff as they treated them. On the evening of the 30th, after despatching the second of its convoys of wounded to **Tobruk**, the ADS was obliged to move as a tank attack was expected on the part of the perimeter where it was sited. Packing the trucks, the men moved farther up the slopes of **Belhamed**, where they slept in the trucks for the night. At dawn next morning an enemy attack broke on the south-eastern slopes of **Belhamed**, right by the ADS, which was soon overrun. Two men of the ADS staff were killed and six wounded.

The captured medical men, with the wounded bringing up the rear, were marched up the main escarpment. Capt Staveley was wounded in the leg, but marched with his men. Most of them were forced to march a long distance west across the desert but were later taken in trucks to the prison camp at **Benghazi**. Capt Staveley, with four men of the company and six regimental stretcher-bearers, remained at a German RAP near the edge of the escarpment. Later in the day they were taken to the German hospital at **El Adem**.

On the afternoon of 2 December Capt Staveley was severely wounded by a shell. That night the hospital grounds were bombed and machine-gunned by the **RAF**, but no direct hits were made on any building used as a ward. The tide of battle was turning again in favour of the British forces, and during the night the Germans began a general evacuation. During 3 and 4 December they evacuated the wounded, leaving behind only 25 British wounded in the care of a small German medical staff, as well as Capt Staveley and five of his men. Then on 8 December all the remaining Germans left, taking seven of the wounded. The small staff of

**New Zealanders cared for the remaining 18 patients until relieved on 10 December by a British infantry patrol. By this time seven of the wounded had died. Later that day staff and patients were taken to [Tobruk](#).**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 ADS CAPTURED

### *5 ADS Captured*

On 27 November, as the enemy columns streamed back from the Egyptian frontier towards **Sidi Rezegh**, they overwhelmed 5 Brigade HQ group which stood in their path at **Sidi Azeiz**. The units in the group, including 5 ADS, surrendered to the German forces. One member of the ADS staff was run over by a tank and killed and six were wounded.

The German troops systematically looted all the vehicles and commandeered medical and other equipment not in actual use. Nearly all the transport was taken over and driven away. The ASC drivers were marched off to **Bardia** as prisoners of war, along with other troops of HQ 5 Brigade. A German medical officer, who had made contact with the ADS medical staff, granted every facility for the collection and treatment of casualties, both friend and foe alike. A German general also personally investigated the treatment of German casualties, which he found was equal to that given New Zealanders.

Two RMOs of 5 Brigade units, Captains **Tyler**<sup>8</sup> and **Adams**,<sup>9</sup> along with their RAP orderlies, joined the ADS and gave valuable assistance, besides bringing in most welcome supplies and equipment. Throughout that day and the next the ADS was unmolested, despite the passage westward of large enemy columns. By 29 November very few enemy troops remained in the locality. At 6 p.m. on the 30th a patrol of 2 NZ Divisional Cavalry arrived, and the evacuation of patients and staff was speedily organised and the convoy set off for **Fort Capuzzo**, where the patients were accommodated in an underground cistern until they could be transferred to 19 Indian MDS at **Sidi Omar** on 2 December. The ADS reopened in the ruins of **Fort Capuzzo** to serve the concentrating units of 5 Brigade. The Indians supplied some equipment, some vehicles were salvaged, and three trucks obtained. On 5 December the ADS admitted 67 casualties, which were transferred to the MDS at **Sidi Omar**. The ADS

then prepared itself for further action with 5 Brigade.

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<sup>8</sup> **Maj J. M. Tyler, m.i.d.; born Auckland, 16 Sep 1915; Medical Practitioner, Auckland; Medical Officer 5 Fd Regt Mar 1941-Jan 1942; 5 Fd Amb Jan 1942-May 1943; 2 Gen Hosp May 1943-May 1945.**

<sup>9</sup> **Maj A. B. Adams; born NZ, 20 Apr 1914; House Surgeon, Wellington Hospital; Medical Officer 27 (MG) Bn Jun 1941-Jun 1943; 2 Gen Hosp Jun 1943-Jul 1944; OC Adv Base Camp Hosp Jul 1944-May 1945.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## IN THE CAPTURED MEDICAL CENTRE

### *In the Captured Medical Centre*

**The cooks were preparing the evening meal in the grouped MDSs on 28 November when over the eastern ridge of the wadi appeared German tracked troop-carrying vehicles, from which sprang men in slate-grey uniforms and kneeboots, armed with tommy guns, rifles, and machine guns. 'They're Jerries!' echoed many as the German infantrymen ran down into the wadi and, as if to show that they did not intend to be trifled with, fired a few bullets into the sand.**

**Again came the guttural commands that some had heard in [Crete](#), and in the open area in front of the reception tent the units collected. After a period of confusion the medical staffs were allowed to return to their duties, and thereafter the Germans permitted them full control of the wounded in their care. Armed guards were posted in the dressing station and the two German doctors, previously prisoners themselves, took charge.**

**The German troops took up positions on the high ground flanking the wadi and opened fire in the direction of [Sidi Rezegh](#) and [Belhamed](#). British artillery replied and a number of shells fell among the tents, causing further casualties amongst the wounded. All next day, 29 November, artillery duels continued and, to make matters worse, the enemy set up batteries of field guns just on the perimeter of the medical area.**

**A conference of the medical officers of the captured group discussed all aspects of the position that had arisen and decided that Lt-Col Twigg should take over full command of all the medical group so as to ensure the conservation and equitable rationing of food and water. The work of all the medical personnel was co-ordinated, duties allocated, and the sanitation of the area attended to. In all, 1800 men were under**

medical control, of whom over a thousand were patients.

They were prisoners of war—perhaps to drag out months and years in a German or Italian prison camp—but there was yet hope that the dressing station might be recaptured. All humour had not deserted the men, for many smiled amusedly when a cherub-faced, flaxen-haired German boy armed with a rifle stepped into the reception tent as a guard, and to his obvious embarrassment was approached by two orderlies, who took his rifle and trenching tool from him and examined them with affected interest and curiosity, fingering the badges and ammunition pouches of his uniform and equipment as if he were a show exhibit.

Work continued in the centres in redressing wounds and treating German wounded brought in by the units' ambulances and in staff cars. Most of the trucks had been immobilised by their drivers, who had removed the rotor arms to deprive the Germans of their use. Taking such of the transport as they could still use, the two German doctors left with their wounded on 29 November, promising to return with the vehicles and with supplies. They had been courteous and considerate and had kept their troops and artillery away from the **Red Cross** area. With their departure came the Italians, who were neither as polite nor as considerate, and when in the late afternoon the Germans were reinforced by motorised troops of the Ariete Division, the Italians set up gun positions on the ridges of the wadi and showed little respect for the **Red Cross** area of the dressing station, using it where convenient as shelter. Columns of Italian transport passed through the lines westwards, and during the night the clatter and rumble of mechanised vehicles continued around the southern end of the wadi. The Germans moved on westwards, leaving the Italians in occupation of the area.

On both 29 and 30 November artillery duelling had continued between the enemy guns on the ridges of the wadi just above the MDS and our own artillery, whose accurate shooting scattered columns of Italian transport in all directions and sent them rushing back through the dressing station and over the ridge on the far side. Any respect by

**the Italians for the medical area disappeared with their courage. They drove ammunition carriers and trucks between the tents and over slit trenches, and disappeared in dust. These scenes did not lack an interested audience. Men hobbled from uneasy beds to see the gala performance. This was an excellent tonic for jaded spirits, and orderlies, too, left their work to watch. Each telling shell was cheered, each disappearing truck hooted. 'Give 'em another one, boys!' someone called, as a particularly well-placed shell added more confusion. The wounded Italians were brought to the MDS for treatment, and work went on to the occasional unnerving whine of pieces of shrapnel falling close.**

**It was most unlikely that the Italians would be able to evacuate the large numbers of men in the wadi immediately for there were over 1000 patients in all, many of them seriously wounded stretcher cases, and some 600 men of the medical units. The Italians did not have the transport nor were their lines of communication secure. Some effort was made to pool and assess the food and water supplies held by the units and to conserve as much as possible by strict rationing, for if supplies could not be replenished soon the position would be grave; the water situation was already serious enough to cause alarm, particularly as the Italian MO who had assumed command of the area appeared somewhat unconcerned when the position was explained to him and the urgency of obtaining further supplies stressed.**

**Two light meals became the daily food ration and barely half a mug of tea or cocoa the daily fluid supply for all, both patients and staff alike, except, of course, for the two Italian officers, who did not restrict themselves in any way and demanded several cups of tea with each meal in the officers' mess they had set up. With even this bare minimum the supply of water would last only four days, so a large ground sign WATER was made out of sheets and displayed on the eastern slope of the wadi in the hope of attracting the attention of the **RAF**.**

**About midday on 30 November the artillery fire was intensified. On the north-western ridge was an emplacement of some fourteen guns no**



more than 150 yards from the dressing station's **Red Cross** flag, and immediately above the Mobile Surgical Unit's tents 30 enemy tanks were drawn up. British field artillery was directed on these positions and, although their shooting was amazingly accurate, a number of shells fell in the hospital area and caused casualties. The shelling continued through the afternoon and created consternation among the Italians, but in the dressing station the constant scream and burst of exploding shells and the whine of shrapnel around and amongst the tents was unnerving. Some of the men retired to slit trenches while others attempted to absorb themselves in some occupation, but for the many patients there was little cover and they were largely exposed and helpless. A shell fell in one of the MDS tents, killing a patient and wounding three others, while a direct hit on one of the Mobile Surgical Unit's tents killed an orderly and five patients, and in the 4 Field Ambulance area the shelling caused further casualties among staff and patients. **S-Sgt J. C. Henley's** <sup>10</sup> contempt for danger during the afternoon, and his work organising the reception and evacuation of wounded from the operating theatre, materially assisted the patients and inspired confidence in his men and was recognised by the award of the DCM.

In the night the culmination came with heavy shell and mortar fire when counter-attacking South African troops got to within 2000 yards of the MDS but were forced back. The blast and concussion of shells as they exploded close around the slopes or among the MDS tents was followed by the whine of flying shrapnel, which cut through the tent canvas, clanged against the metal of trucks, and sometimes smashed bottles on the tables in the dressing centres. Men hugged the ground, lay in the cover of slit trenches or, constantly ducking and diving, endeavoured to continue work or to provide cover for the many wounded and helpless who could not move themselves. A fragment from a shell landing alongside an operating theatre smashed the tent pole and slightly wounded a patient on the table.

Close above, on the eastern slopes, a big gun firing over the MDS

with a harsh, nerve-shattering blast brought answering fire from the British guns, whose ranging shots frequently landed among the tents. The gun was ultimately silenced, but a shell had landed in a tent of Italian wounded, a direct hit. Many were killed and several wounded. In the reception tent where the wounded were taken for treatment, a man with his leg blown off above the knee, a ghastly sight, was moaning and crying pitifully, '*La guerra, la guerra! Male!*'

In the morning, shelling and thirst again; all day the intermittent shelling kept up, and the continued scream and bursting of shells was proving most trying for the patients. Water, too, was their cry, but their requests could not be satisfied. Towards evening a large German water truck arrived, but the meagre allowance permitted the dressing station, and that only after prolonged and difficult argument, only slightly relieved the situation. That night large diesel trucks collected the Italian wounded and took them to **Derna**, together with a good quantity of medical supplies demanded from 6 Field Ambulance.

Italian combatant officers arrived at the dressing station next morning. Some twenty cockaded and pompous Bersaglieri, with rifles slung over their shoulders, trotted down the western escarpment at the double and were halted by their sergeant, who reported to the captain. Orders were then given for all officers and men to be paraded at once. While everybody was assembling with a precautionary haversack of minimum kit, the Italians systematically looted the whole area; bivvies and tents were ransacked and any personal gear of value taken. They attempted even to take watches from the men, but with little success, and from the QM tent they took a considerable quantity of the remaining meagre supply of rations. After a few minutes orderlies and wounded brushed the guards aside and returned to their quarters.

In the afternoon all ranks not actually engaged in the wards were paraded again and were detailed into groups for embussing in a convoy of motor vehicles, which had assembled by this time. In their selection the Italians tended to allow the medical staffs who had been looking after Italian wounded to remain behind. Thus the eleven South African

medical officers and other ranks of their field ambulance, as well as two attached British officers, were retained. Permission was given by the Italian commandant for all the staff of the Mobile Surgical Unit to return to their area. The senior New Zealand medical officers strongly opposed the impending move on the grounds that they were being taken away from the wounded under their care, but on being informed that the object was to set up a reception hospital in the back areas could offer no further resistance. The men of 4 Field Ambulance were fortunate that there was not enough transport to take them away.

The medical staff detailed for removal, as well as some of the walking wounded, were hurried up the slope onto the south-western escarpment, where large diesel trucks were drawn up, and were taken away towards **Derna** and **Benghazi**.

The medical group taken away as prisoners of war (and not to a hospital unit as they had been led to believe) comprised 14 medical officers, including Lt-Cols Tennent, Twigg, and Speight, and 182 other ranks. <sup>11</sup>

On the evening of 2 December the medical officers remaining in the medical centre reorganised their administration, with Major Furkert in charge. Lt-Col G. Dittmer, CO 28 (Maori) Battalion, a patient, led 38 patients and staff, including **Capt A. L. Lomas** <sup>12</sup> of 4 Field Ambulance, in an escape by truck that night, and they crossed the frontier wire at dawn next morning. Another group of 23 led by another patient, **Lt-Col H. K. Kippenberger**, CO 20 Battalion, and including **Maj S. L. Wilson**, <sup>13</sup> Maj A. A. Lovell, and Capt D. M. **Jack**, <sup>14</sup> similarly escaped in daylight on 4 December.

Around the MDS area the shelling had quietened down; the gunfire heard for a while in the distance had diminished and receded until finally all was quiet. For two days the guns had been silent. Uncomfortable as the shelling was, it had been a reassurance of friendly forces near at hand, and when it died in the distance hopes faded too. An Italian war correspondent retailed the news according to *Radio*

**Roma: the British offensive had failed and all their forces had been surrounded. It had a possible ring of truth. For two days hopes had been high that the dressing station would be recaptured and returned to safety, but as day followed day hope gave way to despair. Men continued their duties as a routine, doing what little was now possible for the wounded, on whom the continued strain of suffering, thirst, and inadequate attention through lack of facilities was beginning to tell. The conditions tried even the strongest and fittest of the patients, but their pluck, calmness, and fortitude brought admiration from all who were in contact with them.**

**Patients began to die from dehydration, in spite of the distribution of extra water from the shares of those who had been taken away. Several patients died of the cold at night as supplies of kerosene for the heaters failed. In the Mobile Surgical Unit water was used and re-used in Major Furkert's operating theatre after being cleansed by a German filter. The lack of water in the theatre, where operations were steadily carried on, made conditions seem as primitive as those of the Crimea. The escape of the entire Mobile Surgical Unit staff, which would have been practicable, was considered but was abandoned because of the plight of the patients.**

**Up on the eastern slopes Father Forsman <sup>15</sup> conducted Mass, while later Padre Underhill <sup>16</sup> held an informal song service to which many gathered from the dressing station; the spirit of that little service was one of devotion and earnest prayer.**

**Though the position was grave, many times a lighter side forced its way through the heaviness of despair and men were quick to seize and play upon the humour in many a situation. One of the staff-sergeants, who had dared to argue with an Italian officer, was on his way to the shooting gallery when, seeing Lt-Col Speight, he yelled loudly to attract the Colonel's attention. 'He's going to shoot me sir!' said the staff-sergeant. 'That's tough luck,' said the Colonel. 'I wonder if we can talk him out of it.' Whereupon Father Forsman was called on to reason with the Italian and save yet another delicate situation.**

The Italian troops caused many an amusing situation by their readiness to scamper down into the dressing station when shelling or the strafing Hurricanes became too hot for them, and attempts to keep the combatant troops out of the **Red Cross** area frequently gave rise to some doubt as to who were captors and who captives. The sight of Freddy Kennedy, the perfectly harmless cookhouse fatigue, chasing away an Italian on a motor cycle complete with light machine gun, was a little incongruous. It was a favourite pastime to rush up the slope to meet the Italians as they retreated into the wadi and tell them as forcibly as possible to get to hell out of it. Whereupon some would feign sickness or injury.

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<sup>10</sup> **Capt J. C. Henley**, DCM, ED; born **Auckland**, 21 Jul 1913; milk vendor, **Auckland**; NCO 4 Fd Amb Oct 1939-1942; Lt 12 Fd Amb (NZ) 1943; Adjutant Papakura Camp Hosp 1944-47.

<sup>11</sup> Nearly all of them were taken to **Italy** and then on to **Germany** after **Italy's** capitulation in September 1943. Some were repatriated when protected personnel and sick were exchanged with the enemy, but most remained prisoners, though often providing medical services, until released by the Allied advance from the West in 1945.

<sup>12</sup> **Maj A. L. Lomas**, MC, m.i.d. (2); born **Wanganui**, 30 Jun 1916; Medical Practitioner, **New Plymouth**; RMO ASC Jan 1940-Jun 1941; 4 Fd Amb Jun 1941-Jun 1942; OC Maadi Camp Hosp Jun 1942-Apr 1943; 3 Gen Hosp Apr-Aug 1943; DADMS 2 NZ Div Aug 1943-Apr 1944.

<sup>13</sup> **Lt-Col S. L. Wilson**, DSO; born NZ, 17 Apr 1905; Surgeon, Dunedin; Surgeon 2 Gen Hosp Aug 1940-Jun 1941; Mob Surgical Unit Jun 1941-Feb 1942; 1 Mob CCS Feb 1942-Mar 1943; CO 2 CCS ( **Pacific**) Aug 1943-Jan 1944.

<sup>14</sup> **Maj D. M. Jack**; born **Whangarei**. 8 Mar 1914; House Surgeon Palmerston North Hospital; Medical Officer 4 Fd Amb Mar 1941-

**Sep 1942; 7 Fd Amb ( Pacific) Dec 1942-Aug 1943; OC Malaria Control Unit Aug-Dec 1943.**

<sup>15</sup> **Rev. Fr. E. A. Forsman; born Pakuranga, Auckland, 20 Mar 1909; Roman Catholic priest, Auckland.**

<sup>16</sup> **Rev. M. L. Underhill, m.i.d.; born Glasgow, 28 May 1910; C of E clergyman, Raetihi.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## RELEASE

### *Release*

**In spite of Italian promises, no water or food reached the captured medical centre by 5 December and the patients were desperate, some having swollen and cracked tongues. After the evening meal that day the quartermaster announced that there were only 30 gallons of water left for a total of 860 patients and staff. As this was not enough to give all the patients even their limited ration the next day, the Italians decided to move everyone from the wadi as soon as they could bring in enough vehicles.**

**That night there was much activity among the Italians, but the New Zealanders took little notice of it as British planes had been bombing and strafing each night and the Italians would hastily change their positions. However, next morning there was no sign of the Italians, and at eight o'clock some British troops of 7 Armoured Division drove over the western escarpment and those in 'Shellfire Wadi' were relieved.**

**Nobody became excited as everything happened so quietly, and very soon there was plenty of work for the medical orderlies to do. Transport was called for by radio, and during the morning 19 three-ton trucks and three ambulance cars arrived. These, together with three or four of the remaining New Zealand trucks in tow, were loaded with about 510 wounded and 210 medical personnel and moved off to the south in the middle of the afternoon. The most serious cases, the patients of the Mobile Surgical Unit, were held back for the ambulance convoy which arrived later. By six o'clock this convoy also headed back to the Egyptian border with all patients and staff on board, and Shellfire Wadi, which had seen so much feverish activity, was deserted.**

**The convoys reached the chain of medical services, British and South African, near the frontier wire, and the patients next day received**

**full medical care from 7 South African CCS and 14 British CCS. The remnants of the medical group returned to [Baggush](#), which they had left so full of hope only four weeks before.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## DETACHMENT OF 4 FIELD AMBULANCE

### *Detachment of 4 Field Ambulance*

The 16 volunteers of 4 Field Ambulance and two men of the Mobile Surgical Unit, under command of **Maj R. D. King**, who had remained to care for the seriously wounded when 4 MDS and the Mobile Surgical Unit left the site near **Sidi Azeiz**, observed German tanks and other enemy vehicles approaching at 8 p.m. on 25 November, but this column stopped while still some distance off. At first light next morning enemy tanks had a short engagement with British armour about five miles west of the area, and the British column withdrew.

The story of the captured dressing station is told by one of the medical orderlies, L-Cpl D. **Waight**:<sup>17</sup>

‘All day long German convoys passed by our MDS. Some vehicles stopped and officers and men strode in to take a look around. In the afternoon General Rommel himself visited us. Before he left he gave orders that we were to be left alone and were to carry on with our work. German wounded were brought in, and before the end of the day we had one ward with nothing but Germans in it, some of them in a pitiful condition. One of our chaps took over this ward by himself.

‘At sunset a large convoy of RASC ambulances and trucks came over the horizon, bringing with them 275 wounded. [These had come from 6 MDS.] They had not been molested and had no idea that we had been captured. By using all available primus stoves (in the camp and on ambulances) we were able to give a cup of tea to all the patients in the convoy; but we could only give them bully and biscuits to eat. Some of the worst cases were attended to in our operating theatre, and the minor walking wounded were accommodated wherever it was possible to find room for them—some with the Germans, others in the morgue. The stretcher cases remained in the ambulances. There were no guards on

our camp, and the convoy pulled out the following morning (27th). It arrived safely at a South African CCS.

‘The same morning a party of Italian motorised infantry arrived. They strutted around like bantam roosters, chattered a lot, and generally made nuisances of themselves. They would have perhaps gone further but for the fact that Maj King was able to make them understand that we were to be left alone, on the instructions of General Rommel, who had visited us the previous day. This was quite enough. The Italians left in undignified haste.

‘It took three of us all morning to redress the wounds of the Germans. Many of them were worse than they should have been owing to lack of proper primary treatment. One chap had to be literally peeled off his stretcher. He was stuck to it by his own blood....

‘In addition to our MDS with its three canvas wards, operating theatre, and odd tents, there was a ward left by the Mobile Surgical Unit. This was unfortunately rather isolated from our own camp. In it were 28 mixed post-operative surgical cases, all of them fairly serious. One corporal and one orderly of the Mobile Surgical Unit looked after them. They even did the cooking and the burials. This ward greatly increased the work of the Major, the only MO in the camp. He was doing a great deal of operating, many of the more serious dressings, interviewing enemy visitors, supervising the whole camp, and generally keeping everyone cheerful. We had 150 patients and there were only 18 of us. The Major seemed to work without any rest.

‘On the third day, just as we were starting the morning dressings, four armoured cars came over the horizon. A British voice with a typical oath ordered us to put our hands in the air. With Bren, anti-tank, and .303 guns pointing at us we did not hesitate. As there were quite a number of German and Italian wounded strolling about, the fact that we were British took quite a lot of explaining. The armoured cars were on patrol and could do little for us. Shortly after, a New Zealand Bren-carrier patrol called in. The day passed quietly. Everyone was hopeful

and wonderfully cheerful.

**‘Towards evening the RASC ambulance convoy returned. It brought food, water, petrol, and cigarettes. What a feed we had that night! It seemed like Christmas. Throughout the night the whole staff worked to prepare patients for the evacuation. Fresh dressings were given to all cases. Anxious moments, when enemy tanks passed close to the area, held everyone in suspense, as the number of extra vehicles must have been obvious. However, closer investigation was not made. Next morning all the stretcher cases were loaded on the ambulances before breakfast and drivers fed their patients. After breakfast all hands helped pull down the tents, which were loaded on to the trucks together with all the equipment. The convoy left the area quietly in the morning, although enemy vehicles were still visible in the east. Then followed an uneventful trip of six hours to a South African CCS, where we handed over our 123 patients. These included 47 German and Italian prisoners.’**

**Maj King was awarded a well-deserved DSO for his services in this campaign.**

**At a 13 Corps medical conference on 5 December at [Conference Cairn](#), Maj King was asked to form an MDS for 5 Brigade with the composite group he had gathered about him. Maj Wilson and Capt Jack joined him when [Lt-Col Kippenberger's](#) party reached [Conference Cairn](#), and when the new 5 MDS went to [Tobruk](#) with 5 Brigade it received some equipment and reinforcements from men of 5 and 6 Field Ambulances who had been released from enemy hands. Two British medical officers were also posted to the unit.**

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<sup>17</sup> **[L-Cpl D. R. Waight](#); born England, 28 Mar 1916; farmhand, Tolaga Bay.**

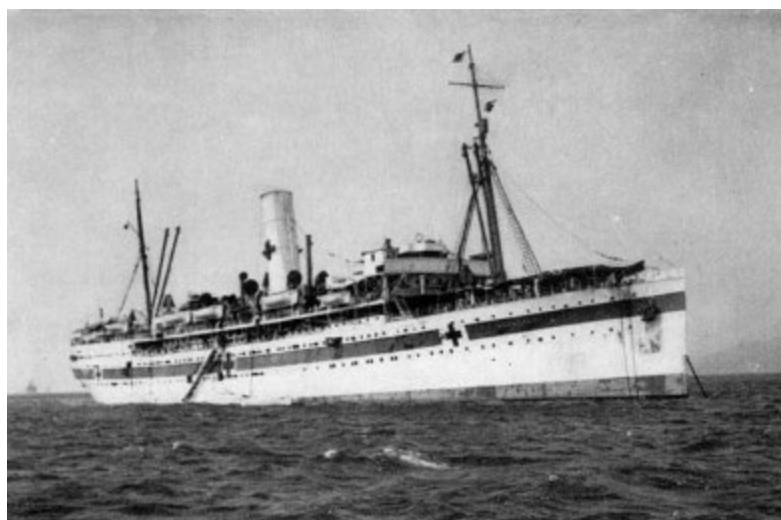
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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## PURSUIT OPERATIONS

### *Pursuit Operations*

Actions early in December had led to the complete relief of **Tobruk**. The enemy then retreated towards **Gazala**, where he made a stand for five days before he was once more driven into retreat. For this action 5 Brigade came under 13 Corps, along with 4 Indian Division and British and Polish units. Casualties received through 5 ADS, under Capt Edmundson, were sent on by 5 MDS to **Tobruk** after treatment. On 14 December some of the staff of the ADS were wounded in dive-bombing attacks. The MDS was highly praised by DDMS 13 Corps for its work, and Maj Wilson continued to carry out surgery of the highest class, as he had done in the Mobile Surgical Unit.



*Hospital Ship Maunganui*  
***Hospital Ship Maunganui***



*Hospital Ship Oranje*  
**Hospital Ship Oranje**



*Wounded from Greece and Crete at mess in a ward of 2 NZ  
General Hospital, Helwan*

***Wounded from Greece and Crete at mess in a ward of 2 NZ General Hospital, Helwan***

*1 NZ General Hospital parades before Brigadier K. MacCormick at Maadi*



***1 NZ General Hospital parades before Brigadier K. MacCormick at Maadi***

**After this short action all the New Zealanders returned to [Baggush](#), where the remnants of the medical units did their best to provide medical services for their battered brigades.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## SINKING OF SS CHAKDINA

### *Sinking of SS Chakdina*

At half past five on the afternoon of 5 December the *SS Chakdina* left **Tobruk** harbour carrying 380 wounded, of whom 97 were New Zealanders. The *Chakdina* was not a hospital ship, but her use had been arranged by the British ADMS in **Tobruk**. In addition to the wounded she had on board some officers and men who were going to **Baggush** to resume duties with HQ 2 NZ Division. Among them were Maj M. Williams, OC 4 Field Hygiene Section, **WO I R. W. Cawthorn**,<sup>18</sup> and two men of ADMS's staff. Just after nine o'clock an enemy plane released a torpedo, which exploded in one of the after holds of the *Chakdina*. She sank within three and a half minutes. There was very little chance of escape, except for those who were unwounded or only lightly wounded, and who were in a favourable position at the time. Only 18 of the New Zealand wounded were picked up by the destroyer HMS *Farndale*, which also rescued all except one of the **Divisional Headquarters** medical staff. The survivors reached **Alexandria** on 7 December, and the casualties were admitted to the detachment of 3 NZ General Hospital there. The sinking of the *Chakdina* was the only major misfortune in the evacuation of New Zealand wounded during the war.

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<sup>18</sup> **Lt R. W. Cawthorn**, MBE; born England, 3 Mar 1907; assurance officer, **Wellington**; NCO 4 Fd Amb Oct 1939-1941; Office of ADMS 1941-42; Officer i/c Medical Records 1942-43; Medical Archivist (NZ) 1943-44.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## REVIEW OF ACTIVITIES

### *Review of Activities*

For the field medical units the campaign had been most eventful—too eventful. All of them except 4 ADS were at one time or another in the hands of the enemy, and a large proportion of the staffs of 5 and 6 Field Ambulances and 4 Field Hygiene Section, and some of 4 Field Ambulance, were taken away as prisoners. In addition, some were killed and wounded. Coming on top of the losses in Greece and Crete earlier in the year, this was a sorry blow. But the medical units did their utmost under difficult conditions for the numerous wounded—New Zealand, British, South African, German, and Italian. During the campaign 4 ADS admitted 448 casualties, and a considerable amount of surgery had to be undertaken by Maj Harrison because of the isolation of the unit. 5 ADS admitted 700 patients, and although the staff did not remain prisoners, the unit lost all its transport and much of its equipment. 6 ADS also lost equipment and transport, and had a most strenuous time treating its 1150 wounded and evacuating them when there was no stable medical chain. For their good work with 6 ADS Capt Staveley was awarded the MC and S-Sgt Nicholas<sup>19</sup> the MM. Many of the wounded were admitted in turn to the MDSs, although a number were sent through British, South African, and Indian units to British hospitals before they were later transferred to the New Zealand hospitals. Apart from their losses of staff, the MDSs also lost equipment and vehicles. The Mobile Surgical Unit suffered less than the other units in this respect.

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<sup>19</sup> S-Sgt J. L. Nicholas, MM, m.i.d.; born South Africa, 28 Feb 1910; orchard hand, Australia; NCO 6 Fd Amb Feb 1940-Sep 1942; wounded 1 Dec 1941 and 3 Sep 1942.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## FIELD AMBULANCES AT BAGGUSH

### *Field Ambulances at Baggush*

**Baggush** was not the pleasant and friendly spot the medical units had left a few weeks before. It was bitterly cold, and sudden rainstorms created a rushing torrent in the bottom of the wadi and all but flooded out the camp. Still fatigued, the men had looked for some good food, rest, and comfort, but their reward was work, the rainstorms, and unappetising meals. Their experiences in the desert had shaken their confidence, they had lost many of their friends, and the news of the entry of **Japan** into the war with its consequent threat to New Zealand came as a final blow. Dark clouds seemed to be about them. However, with leave to **Cairo** and **Palestine**, Christmas festivities, and a gradual return to full health and fitness, confidence returned and spirits regained their buoyancy.

The erection of a camp hospital was hampered by driving rain and a high wind, against which the men had to battle to hold down tents, but soon the hospital was operating. Many had managed to make model little dugout homes, and they turned their attention then to the many parcels, Patriotic parcels, and Christmas cakes which had arrived in one huge consignment. The next few weeks they spent eating their way through the contents of the parcels and avoiding what little work there was.

At Christmas there was beer in almost unlimited quantities. It flowed freely but the celebrations, though hearty, were kept within the bounds of propriety. Stuffed turkey and Christmas pudding were served by the officers and sergeants, and with cigarettes, chocolate, and many extras it was a fine spread. But it was the New Year celebrations that provided an outlet for suppressed feelings and emotions. With the return of 5 Brigade from the Desert the Division was once more reunited, and on New Year's Eve it let itself go with a spontaneous outburst. For almost

**an hour before midnight and for some considerable time after, the sky was lit with a fireworks display of flares, tracer bullets, and multi-coloured flashes. Machine guns, anti-tank guns, and 25-pounders were fired overhead and out to sea, Italian grenades were tossed about, and flares fired into the air as the New Zealanders gave free rein to their pent-up feelings. A British unit nearby 'stood-to' most of the night, thinking the celebration a seaborne invasion.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 2 GENERAL HOSPITAL AT GERAWLA

### *2 General Hospital at Gerawla*

The first convoy of patients (57 in all) was admitted to **2 General Hospital at Gerawla** on 27 November, followed by others, the largest being 174 on 11 December. Only very ill patients were held for any length of time, the others being transferred back to Base hospitals as quickly as possible. Consequently, though the hospital was seldom filled to capacity, at times duties were very heavy, as nursing very sick men under the primitive conditions of a canvas desert hospital was no light matter.

Many of the casualties from the **Western Desert** were in a worse condition than those from **Greece** and **Crete**. Sick and badly wounded, many had been driven miles across the desert, sometimes in the backs of trucks, with German tanks and planes pursuing them. On arrival they were travel-stained and weary, some weak from loss of blood, and all very much in need of nursing care.

Later came patients from **Bardia**. These men had been taken prisoner at **Sidi Azeiz** on 27 November and had been prisoners for five weeks when **Bardia** was recaptured by the South Africans early in January. As was to be expected after so many weeks of privation, all had drawn and emaciated faces, which their long beards and motley garb only emphasised. One Maori soldier was resplendent in a complete Italian Marine's uniform, while most patients wore German canvas lace-up boots. Nearly all were suffering from enteric disorders. But once again rest, good food, and nursing care soon restored most to physical and mental health.

In its four months at **Gerawla 2 General Hospital** admitted 3266 patients, including battle casualties. New Zealand patients numbered 990. The hospital experienced numerous dust-storms and occasional

rain, but it was never subjected to air attack. At **Gerawla** the unit felt that, from nothing, it had built up something really worth while. The men of the unit, of whom only two or three were trained tradesmen, did a great deal of construction work as carpenters, tinsmiths, plumbers, electricians, and engine-hands. Improvements were still being made up to the time the movement order to leave for **Palestine** was received. The unit left by train at the end of March.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## DETACHMENT OF 3 GENERAL HOSPITAL AT ALEXANDRIA

### *Detachment of 3 General Hospital at Alexandria*

In November 1941 it was decided to establish a small hospital at **Alexandria** to deal with the casualties coming by ship from the desert before they were sent on to our Base hospitals at **Cairo**. Accordingly, a small staff of five officers, 25 sisters, and 32 other ranks from 3 General Hospital was sent to **Alexandria** on 23 November. Lt-Col Button was in charge and Miss Hennessy <sup>20</sup> was Matron. Their destination was the Anglo-Swiss civilian hospital, where two wings were taken over along with a large pavilion in the grounds. The sisters found it a joy to be working once more in a building with normal hospital conveniences.

Previously the wards taken over had housed German prisoner patients, and barbed wire still fenced in the balconies and some of the windows. The first few days were spent in the usual scrubbing and cleaning of wards and living quarters, unpacking equipment, and setting up 200 beds. On 4 December the first patients (41) arrived by ship from **Tobruk**; the number of patients grew to 171 by the end of the month.

The hospital functioned till the end of April 1942 and admitted 626 patients. The main excitement for its staff was an air raid almost every night, sometimes twice on bright moonlit nights. A large Egyptian civilian prison was situated across the road from the hospital, and it was equipped with an air-raid siren which none could ever fail to hear. Its blare could be almost as alarming as a raid. Regularly, about 11 p.m. or midnight, it would sound, and after about ten minutes the anti-aircraft guns would start firing as the planes passed overhead. Although the docks which were the bombers' targets were a mile away, the planes seemed to start to dive farther back and would scream overhead quite low. Then the sisters, donning their tin hats, would take their rugs and cushions down to the cellars to sleep till the raids were over. Occasionally an attempt was made to bomb the railway bridge not far

away, but fortunately there was never any damage done in the hospital area. German propaganda leaflets were found in the area after one raid, some of the sisters rescuing a few as souvenirs.

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<sup>20</sup> **Matron Miss M. Hennessy, RRC, m.i.d.; born NZ, 5 Feb 1901; Sister; Sister 1 Gen Hosp 1940-41; Matron Det 3 Gen Hosp Nov 1941-Apr 1942.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHRISTMAS IN HOSPITAL

### *Christmas in Hospital*

As 1941 was drawing to a close the Japanese attack on **Pearl Harbour** turned the attention of all from the **Western Desert** to the **Pacific**, and radio communiques were listened to with more marked interest. Another year of warfare had passed, and as yet victory seemed far off.

In all the New Zealand hospitals in the **Middle East** every effort had been made by the staffs to ensure that the patients had a happy Christmas. All the usual Christmas activities were carried through with enthusiasm, and in such troublous times it was doubtful if a happier atmosphere could have prevailed anywhere than that in the New Zealand hospitals in Egypt on Christmas Day, 1941.

It was at Christmas time that **2 General Hospital's** unit canteen more than came into its own. The provident Col Spencer had initiated the venture by purchasing stores on the way to the Desert. The necessity for extras drove a committee into energetic action. Stocks were bought from the **EFI** bulk store eight miles away. On the hot, dry, dusty days when they worked long hours to establish the hospital at **Gerawla**, the men looked forward to a bottle of beer or *kazouza*, a tin of fruit or a cake of chocolate, at the end of the day.

The popularity of the canteen spread widely across the arid sands of the **Western Desert**. Nearby units availed themselves of its varied facilities and even passing convoys, encamped nearby for the night, sought it out in the darkness. Business increased and stocks grew in variety and dimensions. For Christmas its buyers went to **Alexandria** and **Cairo** to bring back canned beer, stuffed olives, mixed nuts, paper streamers, and many other extras. Besides this, the canteen out of its profits added substantially to the Christmas larder, providing extras in

**the messes during the months that followed, as well as subscribing to unit entertainments.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MAUNGANUI'S FOURTH VOYAGE

### *Maunganui's Fourth Voyage*

In January 1942 the New Zealand Hospital Ship *Maunganui* came to Egypt on her fourth voyage to carry home many of the wounded from the Libyan campaign. First she disembarked the first of the voluntary aids to go to Egypt, as well as a medical reinforcement—the only one for the next year as men were required in New Zealand and the Pacific during the months of crisis.

The patients began to go on board at six o'clock on the morning of 26 January. Because of the large number of stretcher cases, the 371 patients were not all on board until 11 a.m., but the ship put to sea fifteen minutes later. This was the heaviest load of serious cases ever carried in the *Maunganui* in her 17 voyages as a hospital ship. In all, there were 310 surgical cases, 287 of them battle casualties, and many were gravely ill on embarkation.

On this voyage Col Murray, OC Troops, took over supervision of the RAP and the care of the isolation block, thus relieving the other medical officers. In the theatre Majors *Bridge*<sup>21</sup> and *Fulton*<sup>22</sup> began the changing of plasters, whilst blood transfusions were given to the more serious cases. Blood donors were readily found among officers and other ranks of the staff and members of the Merchant Navy. Sisters and orderlies worked twelve to sixteen hours daily, and the limited number of ambulant patients who were fit for light duty willingly helped with ward fatigues.

On 29 January two men died, and at dawn the next day they were buried at sea with military honours. As the ship entered *Colombo* on 6 February a third patient died; he was buried at *Colombo* later that day.

At *Colombo* leave was given to all patients fit to go ashore, and the

Australian **Red Cross** unit, as usual, did everything possible for their comfort and entertainment; the staff had leave in turn and everyone benefited from a brief visit ashore.

The ship sailed at 6 p.m. Because of a considerable swell which lasted for several days, ports on the weather side had to be secured. The weather was hot and humid and the wards became less comfortable, the necessity for changing more plasters becoming increasingly apparent. Each day saw more patients able to go up on deck, and they were loud in their praises of everything in the *Maunganui*, the nursing attention and the food particularly earning favourable comment.

The weather became cooler and the swell was lost as the ship approached **Fremantle**, eventually tying up at a quarter to two on the afternoon of 16 February. Leave was again given from three o'clock to seven to the fitter patients, and a special train was at their disposal to visit **Perth**. Leave, as duties permitted, was given to the staff up to midnight.

The port was cleared at 6.30 a.m. on the 17th. The weather was cold but fine across the Bight, battle dress being worn. Land was next seen on the 22nd as the ship passed south of **Tasmania**. At this stage of the voyage Major Bridge and the theatre staff were still engaged changing plasters, and it was realised that all of this work could not be completed before disembarkation in New Zealand. The weather was warmer and the sea remained calm for the Tasman crossing, and **Wellington** was reached at 10.45 a.m. on 26 February. The patients were then disembarked into the Casualty Clearing Hospital on Aotea Quay.

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<sup>21</sup> **Lt-Col K. B. Bridge**, OBE; born **Gisborne**, 4 Jul 1903; Surgeon, **Wellington**; Surgeon HS *Maunganui* Apr 1941-Apr 1942; 1 Mob CCS and 1 Gen Hosp Surg Team Nov 1942-Jun 1943; 1 Gen Hosp Jun 1943-Sep 1945—in charge surgical division 1 Gen Hosp Mar 1944-Sep 1945; CO 1 Mob CCS Sep-Oct 1945; CO 6 Gen Hosp Oct-Dec 1945.

<sup>22</sup> **Lt-Col J. R. H. Fulton**; born Dunedin, 1900; Medical Practitioner, Dunedin; RMO 27 (MG) Bn Oct 1939-Jun 1941; Medical Officer 3 Gen Hosp Jun 1941-Jan 1942; SMO Tonga Force Feb 1942-Feb 1944; SMO Burnham Camp Apr-Aug 1944.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 9 – SYRIAN INTERLUDE

## CHAPTER 9

### SYRIAN INTERLUDE

IT was cold and miserable in that January of 1942 for field units living in holes in the desert at **Baggush** and visited frequently by driving rainstorms and violent sandstorms that swept into tents, bivvies, or dugouts, coating everything with thick sand. The men were not sorry when, towards the end of the month, they climbed into goods waggons at the **Sidi Haneish** station and set out on a somewhat long-drawn-out journey for **Maadi Camp**.

At Maadi, in tents under the shadow of the escarpment, the units were able for a brief month to enjoy the amenities of a base camp, **Cairo** leave, and contact once again with civilisation. Running water, comfortable tented quarters, and a mess tent with tables and forms were some of the small things that made so much difference to camp life, while the new **Lowry Hut**, with its excellent appointments, facilities for writing and recreation, refreshment counter, and many entertainments, together with YMCAs, **Naafi** canteens, and Shafto's and Pall Mall cinemas provided almost all that the men could expect to make Army life in Egypt bearable.

With the arrival of further reinforcements bringing the units almost up to strength, some reorganisation was undertaken and a light training programme embarked upon. Route marches and routine training with medical equipment occupied but a small part of the day, however, and as leave was on a fairly generous scale some of the men were able to take advantage of specially conducted tours and visit many places of interest, not only around **Cairo** but at **Luxor**, **Thebes**, and Aswan in Upper Egypt.

#### *Arrival of Voluntary Aids*

When the **Maunganui** arrived in the **Middle East** in January she brought the first detachment of the NZ WWSA (Hospital Division) —our VADs. In charge of them was Miss M. King. <sup>1</sup> Three weeks later the

second detachment arrived on the *Oranje*.

In October 1941 two hundred girls had been selected by a board in **Wellington** and enlisted in the Army through the Women's War Service Auxiliary (WWSA), which later became the New Zealand Women's Army Auxiliary Corps, with a consequent change in the appellation of its members from 'Wassies' to 'Waacs'. The nursing section was drawn from the voluntary aids of the **Order of St. John** and the New Zealand **Red Cross Society**, and its members were required to have had a minimum of 60 hours' hospital training, but many of them had given voluntary service over a period of many months in various emergency medical centres. The members of the clerical section had to be able to write shorthand at 130 words a minute and type at 75 words a minute. As only 14 clerks were chosen competition was keen.

Going into **Trentham Camp** in December 1941, the girls had been broken in to a new life as privates in the New Zealand Army, and had then sailed on the *Maunganui* on 22 December, some of them disembarking in **Australia** to follow to the **Middle East** in the *Oranje*.

The sisters welcomed the VADs to the hospitals in Egypt. The future alone was to tell what a help these girls from New Zealand were to be. They worked with a will and soon learned to co-operate with the orderlies in their work and to give assistance to the sisters. They took the ups and downs of Army life cheerfully and with little complaint.

Hospital life was new and interesting to them. The patients found them jolly companions and cheery nurses; they gave much of their spare time to the entertainment of the patients, and this in itself was a big help to the sisters in their endeavour to make hospital life as happy as possible for the men. With time their work became invaluable, many becoming capable and responsible nurses. They were grand girls, and none appreciated them and their work more than did the sisters of the **NZANS**.

The clerical section of the **WAAC** was absorbed immediately,

particularly in the hospital offices, where the girls replaced men who were sent to field units. These girls were also employed as shorthand typists and clerks in the stewards' stores, company offices, QM stores, and X-ray departments of the hospitals. To most of them the medical terms were strange, but with the aid of medical dictionaries and assistance from the members of the **NZMC**, they soon became conversant with the new vocabulary.

The members of the nursing section, comprising the majority of the **VADs**, were posted to the various wards as assistants. Their duties consisted of making beds, taking temperatures, washing patients, serving meals, sweeping and cleaning, and helping in the kitchen. The working hours were considered good—ten hours a day, with a half day free every fourth day and a full day off every ninth. All members of the **WAAC** realised that their employment in the **Middle East** was an experiment, and they were most anxious that the experiment should be successful. The length of their service abroad and the increased responsibility of their duties were proofs of their success.

### *Rest Homes*

In January 1942 the first of the New Zealand Rest Homes was opened. This was a rest home for New Zealand sisters and nurses, established in a delightful house in Garden City, a suburb of **Cairo**. There was a pleasant garden at the back of the house, and after the necessary renovations were made all was ready to receive guests.

In December **Charge Sister E. M. Sutherland**<sup>2</sup> gave a reception to enable officials to see the Rest Home before its official opening. Much had been accomplished and everyone was well pleased with the transformation. From that time onward the Rest Home was very much appreciated by sisters and nurses on convalescent leave, bi-annual leave, or even on a night off. Cool, clean, and quiet, it was an ideal place for a rest after sickness, but near enough to the city when one wanted to go into town.



Shortly afterwards, another Rest Home for officers was opened nearby. It offered the same comfortable hospitality to officers of the Division during convalescence. All the time the Division was in the **Middle East** the Rest Homes continued to carry on very successfully, giving unspectacular but greatly appreciated service.

The official opening of these two Rest Homes (Nos. 1 and 3) was performed by **Lady Lampson**, wife of the British Ambassador to Egypt, on 27 January 1942. Opportunity was taken at this function to extend hospitality and return thanks to the many people of **Cairo, Maadi**, and surrounding districts who had assisted to entertain patients in hospital and the troops. These people, who made all welcome to their lovely homes and gardens or worked unstintingly in clubs and canteens, as well as visiting the hospitals, will never know how much good they did for the men of the British forces in Egypt.

Another Rest Home (No. 2) for other ranks, with Maj **Kirker**<sup>3</sup> in command, was opened in **Alexandria** by **Lady Freyberg** on 27 February. Seriously sick or wounded patients who were not fit enough to go to the Convalescent Depot were sent there. To the patients it seemed the nearest thing to a home away from home they could find: linen on the beds, tablecloths and china in the mess, little discipline, much freedom, and a long sea-front with excellent bathing facilities to explore. One hundred patients could be accommodated at this Rest Home, though the term 'patient' was not encouraged. Rather, they seemed to the Charge Sister her 'family' under medical supervision and orders.

### *Formation of Casualty Clearing Station*

On 27 February the Mobile Surgical Unit was disbanded and its personnel, transport, and most of the equipment absorbed into 1 NZ Casualty Clearing Station, which then was officially constituted as a unit of **2 NZEF**, with an establishment of 106 personnel. Lt-Col P. A. Ardagh was appointed Commanding Officer.

During these days at Q area, **Maadi Camp**, the new unit, like an

infant struggling eagerly to find its feet, had a busy time experimenting to find the quickest and most efficient way of carrying out its duties. The various departments were staffed, surgical and ordnance equipment checked, and training in the layout of the wards and other essential sections of the unit carried out. Much more practice in erecting tents was required when the original issue of EPIP tents was replaced by a type known as 'Hospital Pattern, extending'. This was a much larger type of tent, and when extended to the requisite ward size required about twenty men to erect it. Once it was up, however, and 'tied off', two or three could complete it in a very short time.

During this period the unit was divided into light and heavy sections. In the former, most of the original MSU personnel were retained, since they were already fully experienced in the work that would be required in the future mobile role and function of such a section.

Transport for the unit still remained a problem, there being sufficient only for the Light Section's equipment. The vehicle list comprised seven 3-ton lorries and a 15-cwt. truck, and to these was added an X-ray laboratory van and a trailer which had been specially constructed to carry the electrical plant. As the shortage of transport was still acute and there were no prospects of further vehicles being obtained, it was thought that when the CCS moved other transport would have to be borrowed from some other section of the Army. This was what actually did happen during later months.

### *Move to Syria*

Shortly after the unwelcome news of the fall of **Singapore**, the field units left **Maadi** for a camp on the **Suez Canal**. It was an unpleasant spot, some 20 miles north of **Suez** on a promontory between the Great and Little Bitter Lakes of the Canal, near the **Kabrit** airfield. The flat, sandy plain was swept frequently by wind and dust-storms.

Setting up an MDS camp hospital to service their brigades, the field

ambulances remained here for a few weeks. A few cases of sickness were held in the MDS, but work was not exacting except on the few occasions when a high wind threatened to level the tents and the men were obliged to grapple with billowing canvas, double-peg the guy ropes and, in some cases, repair ripped tent flies.

All units at this time took part in combined operations with naval landing craft on the Canal lake. Gliding noiselessly across the lake in the dark, small assault landing craft or the larger tank craft nosed up on to the beaches on the other side and unloaded their invasion forces. While the fighting units carried out their attack exercises, the medical party set up a light dressing station near the beach.

Towards the end of February, after the invasion exercises, the units, preceded by advanced parties, left by road and rail for **Syria**. With each ambulance's limited transport went a small road party via the **Sinai Desert**, while the majority followed by rail through **Palestine** to Haifa. In **Syria** the Division, as part of Ninth Army had been allotted the task of constructing defences in the Lebanon Valley.



*Egypt, Palestine, and Syria*

Plans had been drawn up for the defence of **Syria** from the north, north-east, and east. The New Zealand Division had been allotted the task of completing the defences of the **Djedeide** fortress, on which

considerable work had already been done. This was in the **Orontes** valley lying between the high mountain ranges of the Lebanons and Anti-Lebanons. In this valley the Division was mainly concentrated.

#### *4 Field Ambulance*

When 4 Field Ambulance, under Lt-Col King, reached **Syria** on 5 March, B Company set up an ADS for 4 Infantry Brigade at **Djedeide**, while the remainder of the unit established an MDS in Gouraud Barracks at **Baalbek**, 20 miles to the south. The MDS buildings were in a most untidy and filthy condition but were soon cleaned up for the admission of patients. Until the CCS opened at **Zahle** early in April, both 4 and 6 Field Ambulances had to hold more sick and accident cases in the divisional area than was customary, and at the end of March 4 Field Ambulance was holding 71 patients. Four inches of snow fell in **Baalbek** during the night of 22-23 March and a cold wind made outdoor conditions unpleasant. Morale, however, received a boost on 24 March when the first mail from New Zealand for many months arrived.

#### *4 Field Hygiene Section*

In the middle of March 4 Field Hygiene Section, under Maj W. J. **Boyd**,<sup>4</sup> arrived in **Syria** and took over part of a large hotel in **Baalbek**. The hotel had previously been occupied by an Australian hygiene section, and a useful demonstration area had been laid out by it. A large concrete reservoir at the back of the building, with a constant supply of ice-cold water from the ancient Roman springs, was used as a swimming pool, and hot showers were improvised by the unit workshop. One of the section's first tasks was an inspection of the food and barbers' shops in the town. The problem of rubbish disposal was overcome by employing native contractors and forming a controlled tip in the old quarries on the outskirts of the village.

The unit had become responsible for the supervision of hygiene for an area of about sixty square miles, as New Zealand units were spread out between **Rayak** and **Ras Baalbek** in the Lebanon Valley. This district

was one of the most malarious in the **Middle East**, and the Australians had had a large number of malaria cases in the previous season. As soon as the weather permitted, a survey of all watercourses, swamps, and irrigation areas was begun and detailed maps prepared. This work took several weeks because of the roughness of the tracks and the thickly wooded country. A large number of Arab labourers was employed on drainage work, clearing streams, installing and repairing sluice gates. This work was done so effectively that no extensive mosquito breeding could be found in the area up to the time the Division left.

In May the unit was pleased to read in an issue of the *NZEF Times* an article on the good health of the troops in the country, which reflected credit on the work of the hygiene section. At this time, too, soldiers with sartorial aspirations found themselves living in troubled times, the cause of the trouble being the recently issued ' **Bombay bloomers**', unsightly shorts which could be extended to 'semi-longs' in the evening to frustrate attacks by the mosquito.

## **6 Field Ambulance**

On 10 March 6 Field Ambulance, under Lt-Col Furkert, left **Kabrit** with 6 Brigade units for **Aleppo**. By road the transport party followed the coastline of **Syria**, skirting the Lebanon Range and the stony, terraced hillsides along the sea coast to strike inland north of the mountains, whose snow-covered heights were enveloped in fleecy clouds. Over the large, flat, fertile plains of the high country, the road led through the towns of **Homs** and Hama, past buildings of ochre stone and great water-wheels up to thirty feet in height. The reddish-brown soil was cultivated in amazingly long straight furrows. In the fields were peasants in tight-legged, baggy-seated trousers or women in coloured blouse and skirt with the bottoms of long trousers poking out below, and often Arabs in loose sheepskin coats and Bedouin headdress. Scattered everywhere were Kurdish villages of strange mud-brick huts, chrome coloured and conical in shape like giant beehives. Often, too, they were walled and fortified and perched on hilltops. Quite remarkable was the almost complete

absence of trees of any sort over all this country.

Then, coming over the brow of a hill, the convoy came in sight of **Aleppo**, a white, cold, and forbidding city, dominated by its medieval, moated citadel. But **Aleppo** was to prove more friendly than its cold exterior indicated. The ambulance, taking over from Australians, established an MDS in an Italian hospital building. With quarters in a block of modern flats nearby, the officers and some of the men took up duties in the hospital. In the flats they enjoyed comfort they had not experienced since leaving New Zealand.

With 6 Brigade to the Turkish border went B Company, 6 Field Ambulance. For a few days the company camped on the rolling broken country within half a mile or so of the huge stone archways which marked the frontier. One ardent malaria squad treating ponds and water-holes with an anti-mosquito preparation ventured over the border, but as zealous Turkish guards had fired on some British planes which had strayed across the demarcation line, it was thought advisable not to provide them with more targets.

At **Aleppo** the MDS was almost a miniature general hospital of 100 beds. Six Australian sisters remained at the hospital until the arrival of four New Zealand sisters later in March. The ambulance men staffed medical and surgical wards, theatre and Medical Inspection Room, laboratory and dispensary, and assumed many other duties required in running a hospital. Never had the unit worked under conditions such as these. Long wards were complete with bedsteads, enamelled lockers, plenty of bed linen, and numerous cupboards. There were also handy little side rooms for nursing more serious cases, and bathrooms and cookhouse connected directly with the wards. The little two-roomed theatre was well equipped. Refugees from across the Turkish border were medically examined and their clothing disinfested.

The MI Room was a busy place. Its clientele consisted of New Zealanders, British troops stationed in the city or near it, and members of the local populace whom doctors and orderlies endeavoured to

question in half-remembered scraps of high school French. There was always somebody requiring treatment for some sore or minor injury.

In the wards, orderlies experienced only in field hospital or dressing station practice at times fell short of the sisters' hospital technique, but the sisters found them able and willing, if at times rather blunt and apt to dispense with formalities. One report on a patient left for the sister by a night orderly ran, 'Had the runs all night and dry retched so I gave him bismuth and soda, but he still feels pretty crook this morning.'

At first patients for evacuation to hospital were carried back over the long journey of 200 miles or so to **Beirut**, until **1 NZ CCS** set up at **Zahle**. Over these journeys cars of the **American Field Service**, a volunteer organisation, carried many of the patients. This was the New Zealanders' first contact with these fine young Americans, who were to establish a firm and genuine friendship of long standing with the Division.



*The hospital wadi near Sidi Rezegh after its capture by the Germans*

***The hospital wadi near **Sidi Rezegh** after its capture by the Germans***



*The move to Syria. 4 Field Ambulance convoy in the Bekaa Valley*

***The move to Syria. 4 Field Ambulance convoy in the Bekaa Valley***



*Zahle in the early spring—from the site of 1 NZ CCS*

***Zahle in the early spring—from the site of 1 NZ CCS***



Of more than usual interest to the men in **Aleppo**, this closely packed city of white stone buildings, were the medieval citadel and the Souk, **Aleppo's** unique markets. Almost all visited the massive stone fortifications of the citadel and walked around the thick walls which skirted the large circular plateau on which it is built. The markets drew many back again and again to bargain for brocades, hand-worked linen, or silver filigree trinkets. The Souk was a maze of miles and miles of lanes and alleyways packed with row upon row of small open stalls. Being completely covered with a roof, the market gave the impression of being underground. In each small street were stalls selling one particular line of merchandise. One wandered through streets of coloured cloths, streets of shoes, streets of silver and gold work, streets of skins, streets of fruit and vegetables, and streets of many strange foods. Each had its own distinctive odour, and all presented a fascinating and colourful picture.

For a little over a month **6 Field Ambulance** operated the **Aleppo** hospital. The wards were always full and there was plenty of work to do. Some of the men had found their way into the homes of the friendly and hospitable Armenians and had made the acquaintance of American missionaries in the city, and it was with some regret that they handed over to **5 Field Ambulance** in mid-April and moved south to a camp in the **Orontes** valley.

### *5 Field Ambulance*

**Fifth Field Ambulance** had just arrived in **Syria**. On 11 February it had accompanied **5 NZ Infantry Brigade** to **Cyrenaica** as part of **Eighth Army**, and had returned to **Maadi** on 28 March. The hospital at **Aleppo** was run by **5 Field Ambulance**, under Lt-Col McQuilkin, until June. Patients were received from New Zealand, Indian, and South African units, and from the Trans-Jordan Frontier Force, but the numbers were kept down by frequent evacuations to the CCS at **Zahle**, although an outbreak of sandfly fever taxed the accommodation at one stage.

## *CCS Journeys to Zahle*

On 15 March the CCS received its first movement order. The unit was to move to **Syria** to provide a hospital, pending the transfer of **2 General Hospital** from **Gerawla** to **Nazareth**.

Friday, 20 March, dawned dull and overcast. It was perhaps this that caused the pickets to sleep late and thus call the cooks late for the breakfast appointed for five o'clock. And it was perhaps the cold morning that made many of the men rise behind time, resulting in much hustle and bustle at the last minute, rolling up blankets and making final adjustments to packs preparatory to departure. But at ten minutes past six goodbye was said to Q Area and **Maadi** as four trucks left to convey nine officers and 74 other ranks of the CCS and personal baggage to **Cairo** main station. All entrained at seven o'clock, and soon they were on their way to the new country that was to provide for every member of the staff a pleasant interlude in his life in the **Middle East**.

A five-hour trip past the palm-fringed mud villages of the Delta brought the party to **Kantara**. At various stations the train was besieged by dozens of 'Georges'—and their children, when the local policeman wasn't looking—all selling 'eggs-a-cooked', 'eggs-a-bread', bottles of doubtful-looking coloured water, or 'very sweet, very clean, very hygiene' water melon. The persistent efforts of these bewhiskered, cunning, and crafty hawkers to convert their wares into piastres provided interest at each station, but they soon became an unbearable nuisance.

On arrival at **Kantara** it was necessary for everyone to shoulder personal gear, detrain, wait in turn to cross the Canal by barge, and then walk to the Kantara East railway station, where there was a long wait for another train to take them through **Palestine**. Meanwhile, nearly everyone elected to change Egyptian for Palestinian currency, a proceeding that required much thought and calculation in order not to be bested by the wily and prosperous roadside money-changers.

Throughout the long night hours the train lurched and swayed, with

occasional halts at small unknown stations. Some time during the night it crossed the Egyptian border, and the early light of dawn showed the cultivated green fields of **Palestine** slipping past the carriage windows. With daylight the view on either hand became very pleasant, and soon there were agricultural scenes reminiscent of New Zealand. After recent weeks of desert surroundings, this journey through the ordered and fertile countryside of the land of the Bible was a welcome and refreshing experience. It was springtime, and the fresh growth on cactus fences lining narrow country lanes, and the gay profusion of wild flowers—poppies, anemones, and marguerites—was a tonic to the eyes. Jasmine, too, was everywhere.

Breakfast consisted of dry rations again, but most of the men filled up with oranges. During the early part of the morning the train passed through the heart of the citrus-growing district, with orange groves stretching far on either side. Hill and valley were a mass of dark-green trees heavily laden with the bright fruit, while the sweet scent of its blossom pervaded the air. From time to time the train would halt at a station or railway siding, and here there would be scores of people with cartloads and baskets of large juicy oranges. For less than a shilling one could buy 40 or 50 of the choicest **Jaffa** variety. Anything that would hold them was filled, and eating oranges became the chief pastime.

Skirting the **Mediterranean**, the train arrived at Haifa. After a ten-thirty breakfast at the local **Naafi**, the unit moved to a transit camp at the foot of Mount Carmel. High up on its summit could be seen the modern building of the famous Carmelite Monastery built over the ruins of the one destroyed by the Turks in 1821 and which, tradition says, was originally erected over the cave where once dwelt the prophet Elijah. The journey on from the transit camp was made in civilian buses. Upholstered seats were a novel experience after the indifferent springing of Army trucks. All enjoyed the ride through **Haifa's Kingsway**, with its modern buildings, and north onto the coastal road running round the Bay of **Acre**. On the right could be seen an old Turkish aqueduct still carrying water from the distant Kabri springs.

**It was dark when the buses climbed into the hills that swing out to the coast at the northern border of [Palestine](#), and it was almost midnight before the convoy arrived at a transit camp at [Beirut](#). Heavy rain was falling; everyone was tired. Laden with bedrolls and packs, many of the men searching for their tents floundered off into the darkness through muddy ground into water-filled ditches and barbed-wire fences. Many were wet through. In crowded, leaking tents, the only thing they could do was to sit around on packs and wait for daylight.**

**Late next morning the buses climbed the Lebanons. The road was steep and winding. Many fine houses, the summer homes of [Beirut](#) residents, were to be seen. Aley, a well-known tourist resort, looked particularly attractive with its first-class hotels and stylish French residences, as, too, did Bhamdoun and Ain Sofar.**

**There was thick snow as the road neared the summit, where the scene became more rugged and where, suddenly, the shrub-covered, fertile coastal side of the range gave way to the barren eastern slopes. Magnificent views of the white Anti-Lebanon Mountains, and especially Mount Hermon, were obtained throughout the long winding descent to Shtora. The buses climbed another hill and came to a halt at the hospital, the home of the CCS for the next few months. There below, all at once, was [Zahle](#), a picturesque village nestling in the hollow of the hills.**

**The building that had been taken over was well suited to the unit's purpose. Funds for its erection as a hospital for the poor of [Zahle](#) had been contributed by Americans formerly resident there. Construction work had ceased in 1918, to be resumed again in 1938. A few interior details yet remained to be completed. It was built of grey stone in the form of a square, the centre of which was a paved courtyard. There were two floors as well as an attic.**

**The first few days after the unit's arrival on 22 March were extremely cold. Battle dress, which in Egypt had seemed so hot and uncomfortable, was now most welcome. Rain, sleet, and snow prevailed;**

it was said locally to be the coldest March for 60 years. In such cold and miserable conditions, memories of the heat and glaring sands of the desert became dim.

Because of the large numbers of poor village folk who persisted in grouping round the hospital—some in the hope of obtaining clothes to wash, others out of idle curiosity—it was necessary to picket the building and the surrounding area. The people seemed slow to realise that their hospital-to-be had now become a military one. Efforts to convince them of this gave rise to many humorous incidents because of the language difficulty. Though obviously desperately poor, these people seemed to be of a much better character than the Egyptians.

By 1 April—two days before Easter—the Casualty Clearing Station was ready to receive patients; the first eleven cases were admitted that afternoon. Soon the building took on the appearance of a well-run hospital, with some 120 beds neatly arranged throughout the various surgical and medical wards. Eight nursing orderlies were appointed to each ward.

On 4 April eight sisters, with Sister Hodges <sup>5</sup> in charge, joined the CCS. Pending the construction of a stone hut—incidentally not completed until two months later—they lived in tents adjacent to the hospital. A stone cottage served admirably as kitchen and mess room. Two local Lebanese women, Yvonne and Adele, were engaged to attend to sundry tasks. For their mess the officers had the use of another house higher on the hill to the south-west of the hospital. Tents pitched on the slopes below this served as their sleeping quarters. On arrival at **Zahle** the men were quartered in the main hospital building, shifting later to the attic. This was not convenient for long, so in the first week of April some of the unit tents were erected and occupied instead.

Patients were evacuated by ambulance cars of the **American Field Service**. Five cars, a small sub-section of this organisation, were already at the hospital when the CCS arrived. The drivers' duties entailed trips to **Rayak, Baalbek, Damascus, Beirut, and Nazareth**. Representing almost

every state in **America**, the drivers of the AFS served without pay. Well educated and from wealthy American families, most of them had given up good positions to volunteer for the work. Their association with the CCS was happy; their personality, efficiency, and obliging readiness for any extra tasks made them well liked by all members of the staff.

In the AFS lines near the hospital, there was a little ceremony on 1 April when the Stars and Stripes was raised. This was believed to be the first time the American flag was flown in the **Middle East** since the **United States** entered the war. Lt-Col Ardagh presented the flag on behalf of **General Freyberg**.

A few days later there was another parade when the whole unit assembled to say farewell to Col Ardagh, who was relinquishing command of 1 CCS to take up the position of ADMS 2 NZ Division. **Lt-Col L. J. Hunter** took over the command.

## *2 General Hospital Goes to Nazareth*

In order to be nearer the Division, **2 General Hospital** left **Gerawla** by train at the end of March for **Nazareth**. A long and tedious journey brought the unit from Egypt to **Palestine**, and the new site was reached at midnight on 2 April. The hospital was housed in three hotel buildings, each three or four storeys high—‘Terra Santa’, the medical and administrative block, ‘Casa Nova’, the surgical block, and ‘Adriatic’, the reception and isolation block. The male staff were quartered in a school, the sisters in a stone building, a former Italian convent for orphans, where Australians had lived previously, and the officers in a monastery.

The unit settled into its new quarters smoothly and was pleased to be working under the best of conditions. The admission of patients began on 9 April. They came by train from the CCS at **Zahle** on a narrow-gauge railway that ran through **Damascus** to **Affule**, about nine miles from the hospital. By the end of April there were 173 patients and by the middle of June 578—British and New Zealand troops.

The hospital was situated next to the Arab quarter, whose narrow, cobblestone alleyways were used as stock routes for the animals going to and from the homes they shared with their owners; the alleys also served as the handiest tip for rubbish and food scraps, which would not be swept away for a couple of days. These factors, and the display of uncovered food, sugar, sticky dates, meat, and cake in the markets, provided as good an attraction for flies as can be imagined. By a persistent defence the staff were able to keep the hospital and their quarters almost entirely free of them.

To most the town of **Nazareth** was a disappointment. The name conjured up sacred memories and hallowed associations, so that all expected something out of the ordinary—some beautiful little village nestling in the hills. Perhaps it used to be like that, but the New Zealanders found a typical ‘wog’ town, scattered on three sides of a valley. The town itself was dirty with rough, narrow streets winding tortuously beneath overhanging windows, from which at any moment might descend the household's daily refuse. Mangy dogs roamed about, pawing through heaps of refuse at the street corners. However, the people were found to be a better type and more independent than the Egyptians, and the pleasant countryside invited walks and excursions. One feature of **Nazareth** that will be remembered was the ringing of church bells at all times of the day.

In May 42 nurses of the NZ WWSA were first posted to **2 General Hospital**. At first their accommodation was cramped, but the male staff moved from the school building to the huts of an Austrian hospice, and the school quarters, refurbished and renovated, became the home of the VADs.

The Austrian hospice was a mile from the hospital, which meant that the men when leaving for work in the morning had to be prepared not to go back until evening. Apart from the distance, which was a source of grievance, the change was undoubtedly good for the men, as they were billeted on a hillside shaded by trees and nearly always kept

fresh by a breeze.

The canteen suffered in patronage from the competition of local restaurants, but the day was saved by the introduction of housie, a game not exploited by the Palestinian.

Leave to **Syria** was opened at the end of May, and in addition the staff were able to explore **Palestine**. The unit was in **Nazareth** in the spring, when most days were sunny and when the country was clothed in the green of growing grain, variegated by an abundance of wild flowers of every colour. Pleasant walks could be taken in almost any direction.

### *3 General Hospital Moves to Syria*

In May 1942—the second year of its service overseas—3 General Hospital, under Col Gower, left behind the hospital it had completed in the sand at **Helmieh** to journey to **Syria**. Before its departure a plaque of the unit's insignia and motto—a tiki surmounting 'Kia Kaha', artistically designed in green and red—was cast and set prominently in the lawn beneath the flagpole, an enduring testimony to the unit's stay in the garrison.

It is not a simple matter to move a complete hospital, lock, stock and barrel, from one country to another. As each tent and hut was emptied, its contents were stacked in orderly piles in the hospital grounds. As Sister **Somers-Cocks**<sup>6</sup> described it:

'Great heaps of dismantled beds lay stacked to the sky; stoves, heaters, brooms, jugs, bedpans, forms, tables, chairs, case upon case—tightly packed; endless bales of blankets, sheets, pyjamas, and hospital linen; hundreds of mattresses, thousands of pillows; mosquito nets, medical stores, pots and pans and all cooking utensils; X-ray and massage equipment, theatre tables and trolleys. The list is endless. If the amount of stuff seemed incredible, the possibility of moving it all to another country and putting it all in place again seemed more so.



**‘Most of the equipment went by train, and this entailed loading on to trucks, off-loading on to the train, guarding it on the train, and unloading on to trucks again to go to the new site. Some of the equipment went by road, a long, unwieldy convoy taking several days and nights.**

**‘The new site— [Choukri Ghanum](#), on the slopes of the Lebanons, overlooking [Beirut](#)—was far from being complete and ready to receive a hospital. Some roads had been made and the main buildings were there, but roadmakers, plumbers, and carpenters were there by the score. Concrete mixers scraped all day, the road roller rumbled up and down, workmen jabbered and spat unceasingly. The din was indescribable.**

**‘Each department of the hospital had to find a new home—kitchen, ordnance, linen store, medical store and dispensary, X-ray, massage, theatre, laboratory, and office. In the new wards tired and weary orderlies, who had been working night and day during the shift, seemed to find new life—they hammered beds together and fetched and carried. Sisters and VADs swept, mopped, and scrubbed. Equipment arrived in dribs and drabs. In spite of weary limbs everyone was cheerful. On the third day the first patient was admitted—the first of a steady stream. Less than a fortnight had elapsed between the discharge of the last patients in Egypt and the admission of the first in [Syria](#).’**

**On 30 May the sisters and nurses had journeyed by train and bus to rejoin the male members of the staff who had preceded them to [Choukri Ghanum](#). On a splendid site in the hills, the hospital buildings consisted of a former French barracks, part of a mental hospital, and several stone huts which were built for wards.**

**The area used for the hospital was extensive, having a frontage of about three-quarters of a mile. The surgical block was at one end and medical at the other, with staff quarters in between. This meant having a reception desk, hospital office, laboratory, cookhouse, etc., in both blocks.**

The main route to the Lebanons, **Damascus**, and **Aleppo** passed the sisters' mess and hospital, and for a while the country seemed full of the noise of passing traffic. The constant stream had its blessings; it was in **Syria** that these sisters first acquired the art of hitch-hiking.

The French barracks, which housed the surgical block, were solid concrete buildings, single-storied and rather attractive; long and wide, they were whitewashed in cream and terracotta. They were in groups of two, three, or four, and held thirty to thirty-two beds. For administration purposes three or four wards formed a block under the supervision of a charge sister, with a sister and/or nurse and orderly to each ward. Between every two wards was a small kitchen, duty room, and sluice room. Each ward had two toilet rooms, with one bath and shower.

The wards were airy and light, with plenty of shuttered windows and doors opening on to full-length verandahs on both sides. These verandahs were ideal for convalescent patients. Electric fans helped to keep the wards cool and fresh during the heat of the summer. The high humidity of the Syrian atmosphere made the heat outside more trying than in Egypt, though temperatures were not as high.

The sisters' quarters were stone huts, facing the sea, with rooms shared by two. Whitewashed, with wall shelves and recesses for wardrobes, they were really comfortable, though the blackout brought its trials during the summer. Hot water for showers was available for four hours daily, while a boiler outside the kitchen provided hot water for laundry purposes. Syrian girls were employed as maids, and with a little training proved very good and a great help.

The medical block in the permanent hospital buildings had a sewerage system—an advantage with the numbers of dysentery and typhoid cases nursed there. These main buildings were much cooler than the stone huts which completed the medical block, though the huts were well planned and very convenient to work in. Each hut held sixty to eighty patients and was complete with kitchen, duty room, etc. All these huts were not completed when the unit arrived. From the day the

hospital opened the overwhelming influx of patients made business extremely brisk, so there was little time to add frills. As soon as a hut was completed beds and equipment would arrive, and after a few hours' work the ward was ready to receive patients. It was strenuous work in the heat, and it seemed that just as the last bed in the hospital was filled another ward would be finished in time to save the situation.

With the onset of summer came malaria, sandfly fever, dysentery, tape-worm, gastric upsets, typhoid fever, and the usual infectious diseases, keeping Lt- **Col J. D. Cottrell** <sup>7</sup> and his assistants busy.

Patients' nationalities were varied. There was some disappointment when the Division moved away and the staff found they had to care for a variety of patients, drawn from almost all the Allied countries. But, in retrospect, all felt it was good experience—it broadened the outlook, making all more tolerant of the characteristics of other peoples, and provided experience that could prove useful in after years.

Tommies were grand patients, courageous, cheerful, and grateful for the smallest nursing attention; they helped their fellow patients and were very willing workers in ward fatigues, doing dishes, serving meals, helping with the cleaning of wards, and making tea or cocoa for Sister's supper while she wrote the evening report. Other patients were Indians, Basutos, Trans-Jordan Frontier Force men, Greeks, and Poles, all rather difficult to look after because of language differences.

### *Return to the Desert*

With the coming of summer the grape vines flourished and the development of the grapes was followed with interest by all. But the men of the CCS and the field ambulances were not destined to pick any of the 1942 harvest in the **Lebanon**. News from the **Western Desert** indicated that events were taking a dramatic turn. The daily newspapers brought up to the CCS by 'Johnny', the local paperboy, carried headlines indicating that all was not well.

Rommel had been building up for an offensive in the **Western Desert**, and on 27 May 1942 it opened. Following heavy fighting at **Bir Hacheim** and **Knightsbridge**, the Free French were compelled to evacuate **Bir Hacheim**. Rommel gave the **Eighth Army** no respite and inflicted heavy losses on British tank strength. Black days were ahead.

Headquarters 2 NZ Division received orders on 14 June that the Division was to move forthwith to Egypt. Then followed that memorable thousand-mile dash that took the Division down through **Syria** and **Palestine** and up into the **Western Desert** to bar the way to Rommel's advancing panzer forces near Mersa **Matruh**.

The move was carried out with the greatest secrecy. All distinguishing signs were removed from trucks and uniforms; all main centres were by-passed wherever possible on the journey, and no one was informed of the destination or purpose of the move. When they reached the **Suez Canal** the men heard that **Tobruk** had fallen and that the Axis forces were approaching the Egyptian frontier. Vain dreams that the convoys were destined for anywhere but the **Western Desert** were now dispelled. Egypt and the desert sands greeted the New Zealanders once again.

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<sup>1</sup> Senior Commander Miss M. King, MBE; born **Australia**, 30 Jun 1903; accountant; Officer i/c **WAAC** (Med Div) Dec 1941-Mar 1945.

<sup>2</sup> Charge Sister Miss E. M. Sutherland; born **Kyeburn, Otago**, 21 Mar 1897; Sister, **Dunedin**; Sister 2 Gen Hosp Aug 1940-Nov 1941; Ch Str 1 Rest Home Nov 1941-Dec 1944.

<sup>3</sup> **Lt-Col A. H. Kirker**; born **Auckland**, 15 May 1899; Physician, **Auckland**; Medical Officer 1 Gen Hosp Feb-Jul 1940; OC Warbrook Conv Home Jul-Sep 1940; DADMS **2 NZEF (UK)** Sep-Dec 1940; SMO Maadi Camp Mar-Sep 1941; Registrar 3 Gen Hosp Sep 1941-Feb 1942; OC 2 Rest Home Feb 1942-Jul 1943; in charge medical division 3 Gen Hosp, Jul 1943-1944.

<sup>4</sup> **Lt-Col W. J. Boyd**; born Dunedin, 31 Jul 1913; Medical Practitioner, **Wanganui**; RMO 19 Bn Dec 1939-Apr 1941; RMO **4 Fd Regt** Apr 1941-Feb 1942; OC 4 Fd Hyg Sec Feb-Oct 1942; SMO Linton Camp (NZ) Nov 1943-Aug 1944; DADMS Army HQ (NZ) Aug 1944-Apr 1945.

<sup>5</sup> **Matron Miss V. M. Hodges**, ARRC; born Dunedin, 1 Sep 1902; Sister, **Wanganui**; Sister 1st Echelon Jan 1940; Ch Str 1 Mob CCS Apr 1942-Mar 1943; Matron 2 Gen Hosp May 1943-Sep 1945.

<sup>6</sup> **Charge Sister E. M. Somers-Cocks**; born NZ, 2 Dec 1905; Nurse; Sister 3 Gen Hosp May 1941-Aug 1943.

<sup>7</sup> **Col J. D. Cottrell**, OBE; born England, 26 Oct 1903; Medical Practitioner, Dunedin; Medical Officer 5 Fd Amb, 28 (Maori) Bn, 4 Gen Hosp, Jan 1940-Jan 1941; DADMS **2 NZEF** Jan-Aug 1941; in charge medical division 2 Gen Hosp, Aug-Dec 1941; SMO Maadi Camp Jan-Mar 1942; in charge medical division 3 Gen Hosp, Mar 1942-Mar 1945; Consultant Physician **2 NZEF** Mar-May 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

IT was cold and miserable in that January of 1942 for field units living in holes in the desert at **Baggush** and visited frequently by driving rainstorms and violent sandstorms that swept into tents, bivvies, or dugouts, coating everything with thick sand. The men were not sorry when, towards the end of the month, they climbed into goods waggons at the **Sidi Haneish** station and set out on a somewhat long-drawn-out journey for **Maadi Camp**.

At Maadi, in tents under the shadow of the escarpment, the units were able for a brief month to enjoy the amenities of a base camp, **Cairo** leave, and contact once again with civilisation. Running water, comfortable tented quarters, and a mess tent with tables and forms were some of the small things that made so much difference to camp life, while the new **Lowry Hut**, with its excellent appointments, facilities for writing and recreation, refreshment counter, and many entertainments, together with YMCAs, **Naafi** canteens, and Shafto's and Pall Mall cinemas provided almost all that the men could expect to make Army life in Egypt bearable.

With the arrival of further reinforcements bringing the units almost up to strength, some reorganisation was undertaken and a light training programme embarked upon. Route marches and routine training with medical equipment occupied but a small part of the day, however, and as leave was on a fairly generous scale some of the men were able to take advantage of specially conducted tours and visit many places of interest, not only around **Cairo** but at **Luxor**, **Thebes**, and Aswan in Upper Egypt.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ARRIVAL OF VOLUNTARY AIDS

### *Arrival of Voluntary Aids*

When the *Maunganui* arrived in the **Middle East** in January she brought the first detachment of the NZ WWSA (Hospital Division) —our VADs. In charge of them was Miss M. King. <sup>1</sup> Three weeks later the second detachment arrived on the *Oranje*.

In October 1941 two hundred girls had been selected by a board in **Wellington** and enlisted in the Army through the Women's War Service Auxiliary (WWSA), which later became the New Zealand Women's Army Auxiliary Corps, with a consequent change in the appellation of its members from 'Wassies' to 'Waacs'. The nursing section was drawn from the voluntary aids of the **Order of St. John** and the New Zealand **Red Cross Society**, and its members were required to have had a minimum of 60 hours' hospital training, but many of them had given voluntary service over a period of many months in various emergency medical centres. The members of the clerical section had to be able to write shorthand at 130 words a minute and type at 75 words a minute. As only 14 clerks were chosen competition was keen.

Going into **Trentham Camp** in December 1941, the girls had been broken in to a new life as privates in the New Zealand Army, and had then sailed on the *Maunganui* on 22 December, some of them disembarking in **Australia** to follow to the **Middle East** in the *Oranje*.

The sisters welcomed the VADs to the hospitals in Egypt. The future alone was to tell what a help these girls from New Zealand were to be. They worked with a will and soon learned to co-operate with the orderlies in their work and to give assistance to the sisters. They took the ups and downs of Army life cheerfully and with little complaint.

Hospital life was new and interesting to them. The patients found

them jolly companions and cheery nurses; they gave much of their spare time to the entertainment of the patients, and this in itself was a big help to the sisters in their endeavour to make hospital life as happy as possible for the men. With time their work became invaluable, many becoming capable and responsible nurses. They were grand girls, and none appreciated them and their work more than did the sisters of the **NZANS**.

The clerical section of the **WAAC** was absorbed immediately, particularly in the hospital offices, where the girls replaced men who were sent to field units. These girls were also employed as shorthand typists and clerks in the stewards' stores, company offices, QM stores, and X-ray departments of the hospitals. To most of them the medical terms were strange, but with the aid of medical dictionaries and assistance from the members of the **NZMC**, they soon became conversant with the new vocabulary.

The members of the nursing section, comprising the majority of the VADs, were posted to the various wards as assistants. Their duties consisted of making beds, taking temperatures, washing patients, serving meals, sweeping and cleaning, and helping in the kitchen. The working hours were considered good—ten hours a day, with a half day free every fourth day and a full day off every ninth. All members of the **WAAC** realised that their employment in the **Middle East** was an experiment, and they were most anxious that the experiment should be successful. The length of their service abroad and the increased responsibility of their duties were proofs of their success.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## REST HOMES

### *Rest Homes*

In January 1942 the first of the New Zealand Rest Homes was opened. This was a rest home for New Zealand sisters and nurses, established in a delightful house in Garden City, a suburb of **Cairo**. There was a pleasant garden at the back of the house, and after the necessary renovations were made all was ready to receive guests.

In December **Charge Sister E. M. Sutherland**<sup>2</sup> gave a reception to enable officials to see the Rest Home before its official opening. Much had been accomplished and everyone was well pleased with the transformation. From that time onward the Rest Home was very much appreciated by sisters and nurses on convalescent leave, bi-annual leave, or even on a night off. Cool, clean, and quiet, it was an ideal place for a rest after sickness, but near enough to the city when one wanted to go into town.

Shortly afterwards, another Rest Home for officers was opened nearby. It offered the same comfortable hospitality to officers of the Division during convalescence. All the time the Division was in the **Middle East** the Rest Homes continued to carry on very successfully, giving unspectacular but greatly appreciated service.

The official opening of these two Rest Homes (Nos. 1 and 3) was performed by **Lady Lampson**, wife of the British Ambassador to Egypt, on 27 January 1942. Opportunity was taken at this function to extend hospitality and return thanks to the many people of **Cairo**, **Maadi**, and surrounding districts who had assisted to entertain patients in hospital and the troops. These people, who made all welcome to their lovely homes and gardens or worked unstintingly in clubs and canteens, as well as visiting the hospitals, will never know how much good they did for the men of the British forces in Egypt.

**Another Rest Home (No. 2) for other ranks, with Maj Kirker<sup>3</sup> in command, was opened in Alexandria by Lady Freyberg on 27 February. Seriously sick or wounded patients who were not fit enough to go to the Convalescent Depot were sent there. To the patients it seemed the nearest thing to a home away from home they could find: linen on the beds, tablecloths and china in the mess, little discipline, much freedom, and a long sea-front with excellent bathing facilities to explore. One hundred patients could be accommodated at this Rest Home, though the term 'patient' was not encouraged. Rather, they seemed to the Charge Sister her 'family' under medical supervision and orders.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## FORMATION OF CASUALTY CLEARING STATION

### *Formation of Casualty Clearing Station*

**On 27 February the Mobile Surgical Unit was disbanded and its personnel, transport, and most of the equipment absorbed into 1 NZ Casualty Clearing Station, which then was officially constituted as a unit of 2 NZEF, with an establishment of 106 personnel. Lt-Col P. A. Ardagh was appointed Commanding Officer.**

**During these days at Q area, Maadi Camp, the new unit, like an infant struggling eagerly to find its feet, had a busy time experimenting to find the quickest and most efficient way of carrying out its duties. The various departments were staffed, surgical and ordnance equipment checked, and training in the layout of the wards and other essential sections of the unit carried out. Much more practice in erecting tents was required when the original issue of EPIP tents was replaced by a type known as 'Hospital Pattern, extending'. This was a much larger type of tent, and when extended to the requisite ward size required about twenty men to erect it. Once it was up, however, and 'tied off', two or three could complete it in a very short time.**

**During this period the unit was divided into light and heavy sections. In the former, most of the original MSU personnel were retained, since they were already fully experienced in the work that would be required in the future mobile role and function of such a section.**

**Transport for the unit still remained a problem, there being sufficient only for the Light Section's equipment. The vehicle list comprised seven 3-ton lorries and a 15-cwt. truck, and to these was added an X-ray laboratory van and a trailer which had been specially constructed to carry the electrical plant. As the shortage of transport was still acute and there were no prospects of further vehicles being**

**obtained, it was thought that when the CCS moved other transport would have to be borrowed from some other section of the Army. This was what actually did happen during later months.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MOVE TO SYRIA

### *Move to Syria*

Shortly after the unwelcome news of the fall of **Singapore**, the field units left **Maadi** for a camp on the **Suez Canal**. It was an unpleasant spot, some 20 miles north of **Suez** on a promontory between the Great and Little Bitter Lakes of the Canal, near the **Kabrit** airfield. The flat, sandy plain was swept frequently by wind and dust-storms.

Setting up an MDS camp hospital to service their brigades, the field ambulances remained here for a few weeks. A few cases of sickness were held in the MDS, but work was not exacting except on the few occasions when a high wind threatened to level the tents and the men were obliged to grapple with billowing canvas, double-peg the guy ropes and, in some cases, repair ripped tent flies.

All units at this time took part in combined operations with naval landing craft on the Canal lake. Gliding noiselessly across the lake in the dark, small assault landing craft or the larger tank craft nosed up on to the beaches on the other side and unloaded their invasion forces. While the fighting units carried out their attack exercises, the medical party set up a light dressing station near the beach.

Towards the end of February, after the invasion exercises, the units, preceded by advanced parties, left by road and rail for **Syria**. With each ambulance's limited transport went a small road party via the **Sinai Desert**, while the majority followed by rail through **Palestine** to Haifa. In **Syria** the Division, as part of Ninth Army had been allotted the task of constructing defences in the Lebanon Valley.



***Egypt, Palestine, and Syria***

Plans had been drawn up for the defence of **Syria** from the north, north-east, and east. The New Zealand Division had been allotted the task of completing the defences of the **Djedeide** fortress, on which considerable work had already been done. This was in the **Orontes** valley lying between the high mountain ranges of the Lebanon and Anti-Lebanons. In this valley the Division was mainly concentrated.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 FIELD AMBULANCE

### *4 Field Ambulance*

When 4 Field Ambulance, under Lt-Col King, reached **Syria** on 5 March, B Company set up an ADS for 4 Infantry Brigade at **Djedeide**, while the remainder of the unit established an MDS in Gouraud Barracks at **Baalbek**, 20 miles to the south. The MDS buildings were in a most untidy and filthy condition but were soon cleaned up for the admission of patients. Until the CCS opened at **Zahle** early in April, both 4 and 6 Field Ambulances had to hold more sick and accident cases in the divisional area than was customary, and at the end of March 4 Field Ambulance was holding 71 patients. Four inches of snow fell in **Baalbek** during the night of 22-23 March and a cold wind made outdoor conditions unpleasant. Morale, however, received a boost on 24 March when the first mail from New Zealand for many months arrived.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 FIELD HYGIENE SECTION

### *4 Field Hygiene Section*

In the middle of March 4 Field Hygiene Section, under Maj W. J. Boyd, <sup>4</sup> arrived in Syria and took over part of a large hotel in Baalbek. The hotel had previously been occupied by an Australian hygiene section, and a useful demonstration area had been laid out by it. A large concrete reservoir at the back of the building, with a constant supply of ice-cold water from the ancient Roman springs, was used as a swimming pool, and hot showers were improvised by the unit workshop. One of the section's first tasks was an inspection of the food and barbers' shops in the town. The problem of rubbish disposal was overcome by employing native contractors and forming a controlled tip in the old quarries on the outskirts of the village.

The unit had become responsible for the supervision of hygiene for an area of about sixty square miles, as New Zealand units were spread out between Rayak and Ras Baalbek in the Lebanon Valley. This district was one of the most malarious in the Middle East, and the Australians had had a large number of malaria cases in the previous season. As soon as the weather permitted, a survey of all watercourses, swamps, and irrigation areas was begun and detailed maps prepared. This work took several weeks because of the roughness of the tracks and the thickly wooded country. A large number of Arab labourers was employed on drainage work, clearing streams, installing and repairing sluice gates. This work was done so effectively that no extensive mosquito breeding could be found in the area up to the time the Division left.

In May the unit was pleased to read in an issue of the *NZEF Times* an article on the good health of the troops in the country, which reflected credit on the work of the hygiene section. At this time, too, soldiers with sartorial aspirations found themselves living in troubled times, the cause of the trouble being the recently issued 'Bombay



**bloomers', unsightly shorts which could be extended to 'semi-longs' in the evening to frustrate attacks by the mosquito.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 FIELD AMBULANCE

### *6 Field Ambulance*

On 10 March 6 Field Ambulance, under Lt-Col Furkert, left **Kabrit** with 6 Brigade units for **Aleppo**. By road the transport party followed the coastline of **Syria**, skirting the Lebanon Range and the stony, terraced hillsides along the sea coast to strike inland north of the mountains, whose snow-covered heights were enveloped in fleecy clouds. Over the large, flat, fertile plains of the high country, the road led through the towns of **Homs** and Hama, past buildings of ochre stone and great water-wheels up to thirty feet in height. The reddish-brown soil was cultivated in amazingly long straight furrows. In the fields were peasants in tight-legged, baggy-seated trousers or women in coloured blouse and skirt with the bottoms of long trousers poking out below, and often Arabs in loose sheepskin coats and Bedouin headdress. Scattered everywhere were Kurdish villages of strange mud-brick huts, chrome coloured and conical in shape like giant beehives. Often, too, they were walled and fortified and perched on hilltops. Quite remarkable was the almost complete absence of trees of any sort over all this country.

Then, coming over the brow of a hill, the convoy came in sight of **Aleppo**, a white, cold, and forbidding city, dominated by its medieval, moated citadel. But **Aleppo** was to prove more friendly than its cold exterior indicated. The ambulance, taking over from Australians, established an MDS in an Italian hospital building. With quarters in a block of modern flats nearby, the officers and some of the men took up duties in the hospital. In the flats they enjoyed comfort they had not experienced since leaving New Zealand.

With 6 Brigade to the Turkish border went B Company, 6 Field Ambulance. For a few days the company camped on the rolling broken country within half a mile or so of the huge stone archways which marked the frontier. One ardent malaria squad treating ponds and water-

holes with an anti-mosquito preparation ventured over the border, but as zealous Turkish guards had fired on some British planes which had strayed across the demarcation line, it was thought advisable not to provide them with more targets.

At **Aleppo** the MDS was almost a miniature general hospital of 100 beds. Six Australian sisters remained at the hospital until the arrival of four New Zealand sisters later in March. The ambulance men staffed medical and surgical wards, theatre and Medical Inspection Room, laboratory and dispensary, and assumed many other duties required in running a hospital. Never had the unit worked under conditions such as these. Long wards were complete with bedsteads, enamelled lockers, plenty of bed linen, and numerous cupboards. There were also handy little side rooms for nursing more serious cases, and bathrooms and cookhouse connected directly with the wards. The little two-roomed theatre was well equipped. Refugees from across the Turkish border were medically examined and their clothing disinfested.

The MI Room was a busy place. Its clientele consisted of New Zealanders, British troops stationed in the city or near it, and members of the local populace whom doctors and orderlies endeavoured to question in half-remembered scraps of high school French. There was always somebody requiring treatment for some sore or minor injury.

In the wards, orderlies experienced only in field hospital or dressing station practice at times fell short of the sisters' hospital technique, but the sisters found them able and willing, if at times rather blunt and apt to dispense with formalities. One report on a patient left for the sister by a night orderly ran, 'Had the runs all night and dry retched so I gave him bismuth and soda, but he still feels pretty crook this morning.'

At first patients for evacuation to hospital were carried back over the long journey of 200 miles or so to **Beirut**, until **1 NZ CCS** set up at **Zahle**. Over these journeys cars of the **American Field Service**, a volunteer organisation, carried many of the patients. This was the New Zealanders' first contact with these fine young Americans, who were to establish a

**firm and genuine friendship of long standing with the Division.**



*The hospital wadi near Sidi Rezegh after its capture by the Germans*

***The hospital wadi near Sidi Rezegh after its capture by the Germans***



*The move to Syria. 4 Field Ambulance convoy in the Bekaa Valley*

***The move to Syria. 4 Field Ambulance convoy in the Bekaa Valley***



*Zahle in the early spring—from the site of 1 NZ CCS*

***Zahle in the early spring—from the site of 1 NZ CCS***

Of more than usual interest to the men in **Aleppo**, this closely packed city of white stone buildings, were the medieval citadel and the Souk, **Aleppo's** unique markets. Almost all visited the massive stone fortifications of the citadel and walked around the thick walls which skirted the large circular plateau on which it is built. The markets drew many back again and again to bargain for brocades, hand-worked linen, or silver filigree trinkets. The Souk was a maze of miles and miles of lanes and alleyways packed with row upon row of small open stalls. Being completely covered with a roof, the market gave the impression of being underground. In each small street were stalls selling one particular line of merchandise. One wandered through streets of coloured cloths, streets of shoes, streets of silver and gold work, streets of skins, streets of fruit and vegetables, and streets of many strange foods. Each had its own distinctive odour, and all presented a fascinating and colourful picture.

For a little over a month 6 Field Ambulance operated the **Aleppo** hospital. The wards were always full and there was plenty of work to do. Some of the men had found their way into the homes of the friendly and hospitable Armenians and had made the acquaintance of American missionaries in the city, and it was with some regret that they handed

over to 5 Field Ambulance in mid-April and moved south to a camp in the **Orontes** valley.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE

### *5 Field Ambulance*

**Fifth Field Ambulance** had just arrived in **Syria**. On 11 February it had accompanied **5 NZ Infantry Brigade** to **Cyrenaica** as part of **Eighth Army**, and had returned to **Maadi** on 28 March. The hospital at **Aleppo** was run by 5 Field Ambulance, under Lt-Col McQuilkin, until June. Patients were received from New Zealand, Indian, and South African units, and from the Trans-Jordan Frontier Force, but the numbers were kept down by frequent evacuations to the CCS at **Zahle**, although an outbreak of sandfly fever taxed the accommodation at one stage.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS JOURNEYS TO ZAHLE

### *CCS Journeys to Zahle*

On 15 March the CCS received its first movement order. The unit was to move to **Syria** to provide a hospital, pending the transfer of **2 General Hospital** from **Gerawla** to **Nazareth**.

Friday, 20 March, dawned dull and overcast. It was perhaps this that caused the pickets to sleep late and thus call the cooks late for the breakfast appointed for five o'clock. And it was perhaps the cold morning that made many of the men rise behind time, resulting in much hustle and bustle at the last minute, rolling up blankets and making final adjustments to packs preparatory to departure. But at ten minutes past six goodbye was said to Q Area and **Maadi** as four trucks left to convey nine officers and 74 other ranks of the CCS and personal baggage to **Cairo** main station. All entrained at seven o'clock, and soon they were on their way to the new country that was to provide for every member of the staff a pleasant interlude in his life in the **Middle East**.

A five-hour trip past the palm-fringed mud villages of the Delta brought the party to **Kantara**. At various stations the train was besieged by dozens of 'Georges'—and their children, when the local policeman wasn't looking—all selling 'eggs-a-cooked', 'eggs-a-bread', bottles of doubtful-looking coloured water, or 'very sweet, very clean, very hygiene' water melon. The persistent efforts of these bewhiskered, cunning, and crafty hawkers to convert their wares into piastres provided interest at each station, but they soon became an unbearable nuisance.

On arrival at **Kantara** it was necessary for everyone to shoulder personal gear, detrain, wait in turn to cross the Canal by barge, and then walk to the Kantara East railway station, where there was a long wait for another train to take them through **Palestine**. Meanwhile, nearly everyone elected to change Egyptian for Palestinian currency, a



proceeding that required much thought and calculation in order not to be bested by the wily and prosperous roadside money-changers.

Throughout the long night hours the train lurched and swayed, with occasional halts at small unknown stations. Some time during the night it crossed the Egyptian border, and the early light of dawn showed the cultivated green fields of **Palestine** slipping past the carriage windows. With daylight the view on either hand became very pleasant, and soon there were agricultural scenes reminiscent of New Zealand. After recent weeks of desert surroundings, this journey through the ordered and fertile countryside of the land of the Bible was a welcome and refreshing experience. It was springtime, and the fresh growth on cactus fences lining narrow country lanes, and the gay profusion of wild flowers—poppies, anemones, and marguerites—was a tonic to the eyes. Jasmine, too, was everywhere.

Breakfast consisted of dry rations again, but most of the men filled up with oranges. During the early part of the morning the train passed through the heart of the citrus-growing district, with orange groves stretching far on either side. Hill and valley were a mass of dark-green trees heavily laden with the bright fruit, while the sweet scent of its blossom pervaded the air. From time to time the train would halt at a station or railway siding, and here there would be scores of people with cartloads and baskets of large juicy oranges. For less than a shilling one could buy 40 or 50 of the choicest **Jaffa** variety. Anything that would hold them was filled, and eating oranges became the chief pastime.

Skirting the **Mediterranean**, the train arrived at Haifa. After a ten-thirty breakfast at the local **Naafi**, the unit moved to a transit camp at the foot of Mount Carmel. High up on its summit could be seen the modern building of the famous Carmelite Monastery built over the ruins of the one destroyed by the Turks in 1821 and which, tradition says, was originally erected over the cave where once dwelt the prophet Elijah. The journey on from the transit camp was made in civilian buses. Upholstered seats were a novel experience after the indifferent springing of Army trucks. All enjoyed the ride through **Haifa's Kingsway**, with its

modern buildings, and north onto the coastal road running round the Bay of **Acre**. On the right could be seen an old Turkish aqueduct still carrying water from the distant Kabri springs.

It was dark when the buses climbed into the hills that swing out to the coast at the northern border of **Palestine**, and it was almost midnight before the convoy arrived at a transit camp at **Beirut**. Heavy rain was falling; everyone was tired. Laden with bedrolls and packs, many of the men searching for their tents floundered off into the darkness through muddy ground into water-filled ditches and barbed-wire fences. Many were wet through. In crowded, leaking tents, the only thing they could do was to sit around on packs and wait for daylight.

Late next morning the buses climbed the Lebanons. The road was steep and winding. Many fine houses, the summer homes of **Beirut** residents, were to be seen. Aley, a well-known tourist resort, looked particularly attractive with its first-class hotels and stylish French residences, as, too, did Bhamdoun and Ain Sofar.

There was thick snow as the road neared the summit, where the scene became more rugged and where, suddenly, the shrub-covered, fertile coastal side of the range gave way to the barren eastern slopes. Magnificent views of the white Anti-Lebanon Mountains, and especially Mount Hermon, were obtained throughout the long winding descent to Shtora. The buses climbed another hill and came to a halt at the hospital, the home of the CCS for the next few months. There below, all at once, was **Zahle**, a picturesque village nestling in the hollow of the hills.

The building that had been taken over was well suited to the unit's purpose. Funds for its erection as a hospital for the poor of **Zahle** had been contributed by Americans formerly resident there. Construction work had ceased in 1918, to be resumed again in 1938. A few interior details yet remained to be completed. It was built of grey stone in the form of a square, the centre of which was a paved courtyard. There were two floors as well as an attic.

**The first few days after the unit's arrival on 22 March were extremely cold. Battle dress, which in Egypt had seemed so hot and uncomfortable, was now most welcome. Rain, sleet, and snow prevailed; it was said locally to be the coldest March for 60 years. In such cold and miserable conditions, memories of the heat and glaring sands of the desert became dim.**

**Because of the large numbers of poor village folk who persisted in grouping round the hospital—some in the hope of obtaining clothes to wash, others out of idle curiosity—it was necessary to picket the building and the surrounding area. The people seemed slow to realise that their hospital-to-be had now become a military one. Efforts to convince them of this gave rise to many humorous incidents because of the language difficulty. Though obviously desperately poor, these people seemed to be of a much better character than the Egyptians.**

**By 1 April—two days before Easter—the Casualty Clearing Station was ready to receive patients; the first eleven cases were admitted that afternoon. Soon the building took on the appearance of a well-run hospital, with some 120 beds neatly arranged throughout the various surgical and medical wards. Eight nursing orderlies were appointed to each ward.**

**On 4 April eight sisters, with Sister Hodges <sup>5</sup> in charge, joined the CCS. Pending the construction of a stone hut—incidentally not completed until two months later—they lived in tents adjacent to the hospital. A stone cottage served admirably as kitchen and mess room. Two local Lebanese women, Yvonne and Adele, were engaged to attend to sundry tasks. For their mess the officers had the use of another house higher on the hill to the south-west of the hospital. Tents pitched on the slopes below this served as their sleeping quarters. On arrival at **Zahle** the men were quartered in the main hospital building, shifting later to the attic. This was not convenient for long, so in the first week of April some of the unit tents were erected and occupied instead.**

**Patients were evacuated by ambulance cars of the **American Field****

**Service.** Five cars, a small sub-section of this organisation, were already at the hospital when the CCS arrived. The drivers' duties entailed trips to **Rayak, Baalbek, Damascus, Beirut, and Nazareth.** Representing almost every state in **America,** the drivers of the AFS served without pay. Well educated and from wealthy American families, most of them had given up good positions to volunteer for the work. Their association with the CCS was happy; their personality, efficiency, and obliging readiness for any extra tasks made them well liked by all members of the staff.

In the AFS lines near the hospital, there was a little ceremony on 1 April when the Stars and Stripes was raised. This was believed to be the first time the American flag was flown in the **Middle East** since the **United States** entered the war. Lt-Col Ardagh presented the flag on behalf of **General Freyberg.**

A few days later there was another parade when the whole unit assembled to say farewell to Col Ardagh, who was relinquishing command of 1 CCS to take up the position of ADMS 2 NZ Division. **Lt-Col L. J. Hunter** took over the command.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 2 GENERAL HOSPITAL GOES TO NAZARETH

### *2 General Hospital Goes to Nazareth*

In order to be nearer the Division, **2 General Hospital** left **Gerawla** by train at the end of March for **Nazareth**. A long and tedious journey brought the unit from **Egypt** to **Palestine**, and the new site was reached at midnight on 2 April. The hospital was housed in three hotel buildings, each three or four storeys high—‘Terra Santa’, the medical and administrative block, ‘Casa Nova’, the surgical block, and ‘Adriatic’, the reception and isolation block. The male staff were quartered in a school, the sisters in a stone building, a former Italian convent for orphans, where Australians had lived previously, and the officers in a monastery.

The unit settled into its new quarters smoothly and was pleased to be working under the best of conditions. The admission of patients began on 9 April. They came by train from the CCS at **Zahle** on a narrow-gauge railway that ran through **Damascus** to **Affule**, about nine miles from the hospital. By the end of April there were 173 patients and by the middle of June 578—British and New Zealand troops.

The hospital was situated next to the Arab quarter, whose narrow, cobblestone alleyways were used as stock routes for the animals going to and from the homes they shared with their owners; the alleys also served as the handiest tip for rubbish and food scraps, which would not be swept away for a couple of days. These factors, and the display of uncovered food, sugar, sticky dates, meat, and cake in the markets, provided as good an attraction for flies as can be imagined. By a persistent defence the staff were able to keep the hospital and their quarters almost entirely free of them.

To most the town of **Nazareth** was a disappointment. The name conjured up sacred memories and hallowed associations, so that all expected something out of the ordinary—some beautiful little village

nestling in the hills. Perhaps it used to be like that, but the New Zealanders found a typical 'wog' town, scattered on three sides of a valley. The town itself was dirty with rough, narrow streets winding tortuously beneath overhanging windows, from which at any moment might descend the household's daily refuse. Mangy dogs roamed about, pawing through heaps of refuse at the street corners. However, the people were found to be a better type and more independent than the Egyptians, and the pleasant countryside invited walks and excursions. One feature of **Nazareth** that will be remembered was the ringing of church bells at all times of the day.

In May 42 nurses of the NZ WWSA were first posted to **2 General Hospital**. At first their accommodation was cramped, but the male staff moved from the school building to the huts of an Austrian hospice, and the school quarters, refurbished and renovated, became the home of the VADs.

The Austrian hospice was a mile from the hospital, which meant that the men when leaving for work in the morning had to be prepared not to go back until evening. Apart from the distance, which was a source of grievance, the change was undoubtedly good for the men, as they were billeted on a hillside shaded by trees and nearly always kept fresh by a breeze.

The canteen suffered in patronage from the competition of local restaurants, but the day was saved by the introduction of housie, a game not exploited by the Palestinian.

Leave to **Syria** was opened at the end of May, and in addition the staff were able to explore **Palestine**. The unit was in **Nazareth** in the spring, when most days were sunny and when the country was clothed in the green of growing grain, variegated by an abundance of wild flowers of every colour. Pleasant walks could be taken in almost any direction.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 3 GENERAL HOSPITAL MOVES TO SYRIA

### *3 General Hospital Moves to Syria*

In May 1942—the second year of its service overseas—3 General Hospital, under Col Gower, left behind the hospital it had completed in the sand at **Helmieh** to journey to **Syria**. Before its departure a plaque of the unit's insignia and motto—a tiki surmounting 'Kia Kaha', artistically designed in green and red—was cast and set prominently in the lawn beneath the flagpole, an enduring testimony to the unit's stay in the garrison.

It is not a simple matter to move a complete hospital, lock, stock and barrel, from one country to another. As each tent and hut was emptied, its contents were stacked in orderly piles in the hospital grounds. As Sister **Somers-Cocks** <sup>6</sup> described it:

'Great heaps of dismantled beds lay stacked to the sky; stoves, heaters, brooms, jugs, bedpans, forms, tables, chairs, case upon case—tightly packed; endless bales of blankets, sheets, pyjamas, and hospital linen; hundreds of mattresses, thousands of pillows; mosquito nets, medical stores, pots and pans and all cooking utensils; X-ray and massage equipment, theatre tables and trolleys. The list is endless. If the amount of stuff seemed incredible, the possibility of moving it all to another country and putting it all in place again seemed more so.

'Most of the equipment went by train, and this entailed loading on to trucks, off-loading on to the train, guarding it on the train, and unloading on to trucks again to go to the new site. Some of the equipment went by road, a long, unwieldy convoy taking several days and nights.

'The new site— **Choukri Ghanum**, on the slopes of the Lebanons, overlooking **Beirut**—was far from being complete and ready to receive a

hospital. Some roads had been made and the main buildings were there, but roadmakers, plumbers, and carpenters were there by the score. Concrete mixers scraped all day, the road roller rumbled up and down, workmen jabbered and spat unceasingly. The din was indescribable.

‘Each department of the hospital had to find a new home—kitchen, ordnance, linen store, medical store and dispensary, X-ray, massage, theatre, laboratory, and office. In the new wards tired and weary orderlies, who had been working night and day during the shift, seemed to find new life—they hammered beds together and fetched and carried. Sisters and VADs swept, mopped, and scrubbed. Equipment arrived in dribs and drabs. In spite of weary limbs everyone was cheerful. On the third day the first patient was admitted—the first of a steady stream. Less than a fortnight had elapsed between the discharge of the last patients in Egypt and the admission of the first in **Syria**.’

On 30 May the sisters and nurses had journeyed by train and bus to rejoin the male members of the staff who had preceded them to **Choukri Ghanum**. On a splendid site in the hills, the hospital buildings consisted of a former French barracks, part of a mental hospital, and several stone huts which were built for wards.

The area used for the hospital was extensive, having a frontage of about three-quarters of a mile. The surgical block was at one end and medical at the other, with staff quarters in between. This meant having a reception desk, hospital office, laboratory, cookhouse, etc., in both blocks.

The main route to the Lebanons, **Damascus**, and **Aleppo** passed the sisters' mess and hospital, and for a while the country seemed full of the noise of passing traffic. The constant stream had its blessings; it was in **Syria** that these sisters first acquired the art of hitch-hiking.

The French barracks, which housed the surgical block, were solid concrete buildings, single-storied and rather attractive; long and wide, they were whitewashed in cream and terracotta. They were in groups of



two, three, or four, and held thirty to thirty-two beds. For administration purposes three or four wards formed a block under the supervision of a charge sister, with a sister and/or nurse and orderly to each ward. Between every two wards was a small kitchen, duty room, and sluice room. Each ward had two toilet rooms, with one bath and shower.

The wards were airy and light, with plenty of shuttered windows and doors opening on to full-length verandahs on both sides. These verandahs were ideal for convalescent patients. Electric fans helped to keep the wards cool and fresh during the heat of the summer. The high humidity of the Syrian atmosphere made the heat outside more trying than in Egypt, though temperatures were not as high.

The sisters' quarters were stone huts, facing the sea, with rooms shared by two. Whitewashed, with wall shelves and recesses for wardrobes, they were really comfortable, though the blackout brought its trials during the summer. Hot water for showers was available for four hours daily, while a boiler outside the kitchen provided hot water for laundry purposes. Syrian girls were employed as maids, and with a little training proved very good and a great help.

The medical block in the permanent hospital buildings had a sewerage system—an advantage with the numbers of dysentery and typhoid cases nursed there. These main buildings were much cooler than the stone huts which completed the medical block, though the huts were well planned and very convenient to work in. Each hut held sixty to eighty patients and was complete with kitchen, duty room, etc. All these huts were not completed when the unit arrived. From the day the hospital opened the overwhelming influx of patients made business extremely brisk, so there was little time to add frills. As soon as a hut was completed beds and equipment would arrive, and after a few hours' work the ward was ready to receive patients. It was strenuous work in the heat, and it seemed that just as the last bed in the hospital was filled another ward would be finished in time to save the situation.

With the onset of summer came malaria, sandfly fever, dysentery,

tape-worm, gastric upsets, typhoid fever, and the usual infectious diseases, keeping Lt- **Col J. D. Cottrell** <sup>7</sup> and his assistants busy.

**Patients' nationalities were varied. There was some disappointment when the Division moved away and the staff found they had to care for a variety of patients, drawn from almost all the Allied countries. But, in retrospect, all felt it was good experience—it broadened the outlook, making all more tolerant of the characteristics of other peoples, and provided experience that could prove useful in after years.**

**Tommies were grand patients, courageous, cheerful, and grateful for the smallest nursing attention; they helped their fellow patients and were very willing workers in ward fatigues, doing dishes, serving meals, helping with the cleaning of wards, and making tea or cocoa for Sister's supper while she wrote the evening report. Other patients were Indians, Basutos, Trans-Jordan Frontier Force men, Greeks, and Poles, all rather difficult to look after because of language differences.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## RETURN TO THE DESERT

### *Return to the Desert*

With the coming of summer the grape vines flourished and the development of the grapes was followed with interest by all. But the men of the CCS and the field ambulances were not destined to pick any of the 1942 harvest in the **Lebanon**. News from the **Western Desert** indicated that events were taking a dramatic turn. The daily newspapers brought up to the CCS by 'Johnny', the local paperboy, carried headlines indicating that all was not well.

Rommel had been building up for an offensive in the **Western Desert**, and on 27 May 1942 it opened. Following heavy fighting at **Bir Hacheim** and **Knightsbridge**, the Free French were compelled to evacuate **Bir Hacheim**. Rommel gave the **Eighth Army** no respite and inflicted heavy losses on British tank strength. Black days were ahead.

Headquarters 2 NZ Division received orders on 14 June that the Division was to move forthwith to Egypt. Then followed that memorable thousand-mile dash that took the Division down through **Syria** and **Palestine** and up into the **Western Desert** to bar the way to Rommel's advancing panzer forces near Mersa **Matruh**.

The move was carried out with the greatest secrecy. All distinguishing signs were removed from trucks and uniforms; all main centres were by-passed wherever possible on the journey, and no one was informed of the destination or purpose of the move. When they reached the **Suez Canal** the men heard that **Tobruk** had fallen and that the Axis forces were approaching the Egyptian frontier. Vain dreams that the convoys were destined for anywhere but the **Western Desert** were now dispelled. Egypt and the desert sands greeted the New Zealanders once again.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

# CHAPTER 10 – BATTLE FOR EGYPT

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**ENEMY** forces were already threatening Egypt as 4 and 5 Brigades headed west from **Alexandria** to Mersa **Matruh**, where they arrived on 21 and 22 June. By the 24th the enemy was across the Egyptian frontier.

It was decided that **Matruh** should not be defended inside the prepared defences because of the danger of encirclement and capture as had happened at **Tobruk**. On the 25th the brigades moved south from **Matruh** to an escarpment at **Minqar Qaim**, where they took up a defensive position next day, and where they clashed with the enemy on the 27th. With their brigades were 4 and 5 ADSs under Maj Jack and Maj Edmundson, and a detachment of B Company, 4 Field Ambulance, under Capt **Kennedy**.<sup>1</sup> Some 20 miles to the east were 4 and 5 MDSs. At Mersa **Matruh** on 24 June, 4 MDS had treated 167 patients from British units to the west, with Maj Harrison's team operating on the severely wounded throughout the night.

Early on the morning of 27 June, 70 men wounded in a bombing raid on the Division at dusk the previous evening were cleared from the ADSs to 5 MDS, but the ambulance cars were unable to reach the ADSs again because of the arrival of German forces in the area. After a heavy artillery duel, two attacks made by the enemy on the Division during the day were repulsed. Ambulance car drivers, both our own and those of the **American Field Service**, went forward to the RAPs and beyond to bring in the wounded to the ADSs, where surgical treatment was promptly given. During the afternoon the ADSs were threatened by a sudden approach of enemy armour and were hurriedly moved close to Main Divisional HQ.

Maj Boyd was able to get through from Rear Divisional HQ to the ADSs by a southern route with seven of the ADS cars and ten **American Field Service** cars. After being guided through the minefields, the convoy reached Main Divisional HQ at 3 p.m. The ambulance cars were quickly filled with wounded and set off to return to 5 MDS, but by now the

Division was virtually encircled by enemy armour and the convoy was forced to go back to the ADS area. Shelter was taken in a wadi, which provided some protection from enemy shelling.

At five o'clock **General Freyberg** was wounded in the neck by a shell splinter while watching from a forward position the progress of an enemy attack. By great good fortune the splinter went through the back of the General's neck without injury to the vertebral column or the spinal cord. He was attended by Col Ardagh and Maj Boyd. With no chance of being evacuated before dark, the General lay on a stretcher in a widened slit trench until the shelling ceased at last light.

Between five and seven o'clock tanks of **21 Panzer Division** made attacks from the south and south-east. These attacks were beaten off by anti-tank and field guns. The position was becoming very threatening. As Dvr R. H. **Swan**<sup>2</sup> of 5 Field Ambulance puts it:

'We were surrounded. It was not a very nice position to be in, and we hardly realised at the time just how serious it was. Things quietened down towards the evening, and as it grew dark we could see a ring of enemy flares around us. This would have been a beautiful sight in peacetime, but when one knew that they belonged to the enemy, and that he was waiting for us, one did not feel too happy; but it was a case of chins up and make the best of it. Those of us who were not busy managed to get some sleep, which was just as well, for although we didn't know it then, there was a long, hard drive to come later in the night.'

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<sup>1</sup> **Lt-Col D. P. Kennedy**, m.i.d.; born **Christchurch**, 19 May 1915; Medical Practitioner, **Christchurch**; Adjutant 7 Fd Amb ( **Fiji**) Oct 1940-May 1941; DADMS Army HQ (NZ) Jun-Nov 1941; Medical Officer 4 Fd Amb May-Oct 1942; OC 4 Fd Hyg Sec Oct 1942-Aug 1943; Dpty Asst Director Hygiene NZ Corps Feb-Mar 1944; DADMS 2 NZ Div Apr-Nov 1944; DADMS **2 NZEF** Nov 1944-Feb 1945; OC 4 Fd Hyg Coy and DADH 2 NZ Div Feb-May 1945; CO 5 Fd Amb Jun-Oct 1945.

<sup>2</sup> **Cpl R. H. Swan, m.i.d.; born Palmerston North, 7 Jan 1920;  
labourer, Stratford.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## PREPARATIONS FOR BREAK-THROUGH

### *Preparations for Break-through*

**At dusk instructions were issued for the Division to force its way out during the night. As the enemy encirclement had blocked the escape route to the east, it was impossible to break out without a night attack. 4 Brigade was ordered to clear a wide lane through the enemy positions to allow the rest of the Division through. Plans were made for an attack with the bayonet by the whole brigade.**

**Fifth Brigade had been separated from its transport, and the consequent shortage affected the medical units, particularly 5 ADS, but by 11 p.m. all patients and medical staff were crammed on to the available vehicles ready for the break-out. The GOC's caravan truck, carrying the General, his ADC, and Col Ardagh, had a **Red Cross** flag attached, and headed a medical convoy, which included 5 ADS and the detachment of B Company, 4 Field Ambulance, travelling with 5 Brigade.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE BREAK-THROUGH

### *The Break-through*

Let Driver Swan continue his story:

**'At eleven o'clock we were told to move into position, as the enemy was due to attack at any time, and we were to move off and attempt a break-through. We felt sorry for the infantry boys, as they had repulsed some strong attacks during the day and were preparing to do it again. We were placed on the outside column of a nine-row front, and at a given signal the whole formation moved off, none of us knowing just what to expect. Shortly after moving off the convoy was engaged by ineffective mortar and machine-gun fire, so the whole formation swung to the right and had only travelled a short distance when suddenly all Hell broke loose as we ran into the enemy. What made us do it no one knows, but all the trucks closed in together and made a beautiful target for the enemy, who was using every type of weapon he could bring to bear. He was firing tracer tank shells close to the trucks, and his machine-gun fire, which was trained between the rows, took a heavy toll of the boys who panicked and jumped off the vehicles to run for better cover. An incendiary shell hit an ambulance carrying wounded, behind my truck, causing it to go up in flames and light up the whole area, but fortunately the patients all got out and made a run for it, so we moved up to the front of the convoy and then swung right, and headed for some smoke that was hanging low over the ground. As we were nearing this a 3-ton truck came roaring up, and as it drew level there was a loud report and it went up in flames, and by the light of this we could see men being knocked down by the transport everywhere. We could do nothing about it so kept on going, and eventually caught up with a small group of vehicles containing two of our ambulances and trucks from several other units. When we considered we had travelled a safe distance from the battle and it was safe to stop, we pulled up to find out just where we**

were and what direction we would have to take; and it was during this halt that I discovered that an armour-piercing tank shell had gone through the left mudguard of my truck, grazed both tires, and come out through the back mud-flap. If this shell had been aimed a few inches to the left, it would have meant the end of my truck, and my spare driver would probably have been seriously wounded. After a while we moved off again and travelled due east by the stars throughout the remainder of the night. Dawn found our little convoy miles from anywhere.

‘After a breakfast halt the medical orderlies attended and fed the wounded, and we buried two soldiers who had passed away during the trip, then set off once more and travelled most of the day, stopping occasionally to attend to the patients.’

In the break-through four New Zealand and two **American Field Service** ambulance cars and two trucks were set on fire or disabled, and 15 men of 5 Field Ambulance and three AFS drivers were taken prisoner. It was possible to get some of the wounded and medical staff from the disabled vehicles on to trucks which continued eastwards. Over 300 wounded were brought out. **General Freyberg** experienced a rough journey in his caravan, which was hit at least twice and had the windscreen shattered, but during the height of the battle he got out of bed and viewed the action through a window, likening it to Balaclava. During the day (28 June) the GOC was sent by air from **El Daba** to 1 General Hospital at **Helwan**, where he made a quick recovery.

During the break-through by 4 Brigade, Dvr. C. C. **Robinson**<sup>3</sup> went forward in his ambulance behind the infantry making the attack. Although ordered to follow the comparatively safe centre of the attack, he zigzagged his ambulance across the whole battlefield, ignoring the heavy machine-gun fire. Every wounded man unable to walk he loaded on his ambulance, and brought it safely out laden with wounded.

On 28 June the divisional medical group, which had travelled all night except for short stops to attend to the wounded, was joined by eleven ambulance cars from 4 and 5 MDSs, these units having also

moved east to the Alamein Line. When the convoy reached the line at 8 p.m., most of the wounded were sent on to 14 British CCS at **El Hammam**, while some were admitted to the MDS established in the **Kaponga Box** earlier that day by 4 Field Ambulance. Coming into the Box with 6 Brigade, A Company, 6 Field Ambulance, under Maj R. A. Elliott, took over the dressing station on 30 June, and 4 Field Ambulance set up its MDS again some 15 miles to the east.

The delaying action at **Minqar Qaim** was an important factor in slowing down the momentum of the enemy's advance into Egypt. The enemy spearhead, one of the panzer divisions, suffered heavy casualties, and in the night assault one German infantry battalion was almost destroyed.

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<sup>3</sup> **Cpl C. C. Robinson**, MM; born England, 29 Mar 1918; truck driver, **Auckland**.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## IN THE KAPONGA BOX

### *In the Kaponga Box*

By the morning of 29 June the Division had reassembled in the **Kaponga Box** and was preparing to meet the inevitable attack. The **Alamein Line** formed a strong defensive position, with its narrow front of some 40 miles between the coast on the north and the impassable **Qattara Depression**. Forced by sheer exhaustion to delay his attack, **Rommel** halted, but there was some confused fighting and at times the position was very critical.

At the three ADSs the staffs were kept busy with a constant stream of casualties, and themselves had one man killed and several wounded. The Germans were shelling the ridges heavily, and several times daily the **Stuka** bombers roared over. In the uncertainty of the situation the ADSs were kept prepared for a hurried move, and the tension produced several false alarms.

4 MDS had a very busy and anxious time, with a number of abnormal difficulties to cope with as well. For a while water was rationed in the Box, as every pint used had to be brought some 40 miles over loose sand. The MDS urgently required water if it was to function effectively, so two water trucks were sent to **Alamein**. The water point was found to be under shellfire and the enemy dangerously close, but the trucks returned full. After some days medical supplies were replenished from 13 Corps medical centre at **Burg el Arab**, and some new trucks were obtained. Blood for transfusions was obtained from members of the unit.

On 2 July it was found that 15 British CCS and MAC on the line of evacuation had moved without notifying the MDS. The channel of evacuation was switched to 14 CCS at **Burg el Arab**, some 40 miles away over rough country. By the evening the MDS was holding 215 cases, some of whom were evacuated next day, but most of them could not be

sent to the CCS until 6 July, when a mixed convoy was organised. In its tribulations the MDS was cheered by the congratulations of the CO 14 CCS on the excellent condition of the wounded on arrival at his unit.

In the ten days up to 6 July 4 Field Ambulance had treated 612 battle casualties and 304 sick. Many of these had come from our counter-attacks on 4 July, which tipped the balance slightly and placed the enemy on the defensive.



*A civilian hospital in Aleppo occupied successively by  
6 and 5 Field Ambulances*

***A civilian hospital in Aleppo occupied successively by 6 and 5 Field Ambulances***

*3 NZ General Hospital at Beirut*



***3 NZ General Hospital at Beirut***



*First nursing aids, NZ WAAC, arrive in Egypt on HS Maunganui*

***First nursing aids, NZ WAAC, arrive in Egypt on HS Maunganui***

*An American Field Service ambulance car and driver (on right) after Minqar Qaim*



***An American Field Service ambulance car and driver (on right) after Minqar Qaim***

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## REACTIONS AT BASE

### *Reactions at Base*

**The approach of the enemy nearer to the Nile Valley and his premature boasts of complete victory brought consternation in Cairo. The staffs of the medical units at Base shared the growing uncertainty for a while. Some knew more than others of the plans for evacuation. The DMS Office knew more than most, and the staff were busy reducing files and burning less essential papers so that the remainder could be packed quickly. Maadi Camp units were organised into a defensive formation called 6 NZ Division, the Camp Hospital becoming 23 Field Ambulance. Sisters and nurses had their bags packed ready to move out of the country at a few hours' notice. The men of the hospitals never heard of any plans for them and presumed they were to stand by their patients if the enemy came. But the enemy did not come. Days of uncertainty passed, and gradually confidence returned and life resumed its normal course. The civilians who had fled returned, and news of the battles in the desert was followed closely in the Cairo newspapers. The hospital staffs, as they attended to the needs of the wounded, admired the men who barred the enemy's progress at Alamein.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## RUWEISAT RIDGE

### *Ruweisat Ridge*

On the night of 14-15 July 4 and 5 Brigades made an attack on **Ruweisat Ridge**. By daylight they gained their objective but were unable to establish themselves with supporting arms. The Germans counter-attacked strongly. In the absence of the support expected from British armour, three New Zealand battalions were overrun, and the two brigades were forced to withdraw with considerable losses.

The advanced dressing stations for this attack were 4 ADS and 5 ADS. There was much enemy air activity over nearby areas on 15 July, and some bombs fell in 5 ADS area but only damaged one truck. During the day 4 ADS, under Maj J. M. **Coutts**,<sup>4</sup> admitted 103 New Zealand and twelve British patients, and 5 ADS, under Capt J. M. **Watt**,<sup>5</sup> 159 New Zealanders plus British, Indian, and enemy wounded. At 8.30 p.m. 5 ADS was told to be ready to move at immediate notice. Tents were struck and the patients then held were loaded on the available vehicles, but at half past eleven word was received that there would be no move and the tents were erected again by midnight.

For the week that it had been open 5 MDS had been steadily admitting bomb and shell casualties, but on 15 July the number of admissions jumped to 400, of whom 167 were held overnight. The unit was handicapped by shortage of transport and was also understaffed, although 32 reinforcements had been received on the 12th. When 5 MDS was relieved by 4 MDS on the 16th, it had treated 1095 cases since 7 July. The whole of 5 Field Ambulance was then placed under command of 4 Brigade, which moved back to **Maadi Camp** at this stage.

Sixth Field Ambulance had moved to the desert from **Maadi** on the 16th and waited in reserve alongside 4 MDS. Ahead was the almost continuous rumble of gunfire, and German bombers ranged the sky,

pursued by tiny puffs of smoke from the anti-aircraft barrage. A squadron of bombers circled the ambulance position and everyone dived for slit trenches, but the aircraft passed over the **Red Cross** markings and made for some transport vehicles nearby. Tiny bombs, shining silver in the sunlight, fell away from under the planes. Slowly at first but gathering speed, they fell at a steep angle to burst in spouts of flame and smoke just beyond the unit's area.

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<sup>4</sup> **Lt-Col J. M. Coutts**, OBE, ED, m.i.d.; born **Scotland**, 20 Aug 1903; Medical Practitioner, Martinborough; Medical Officer 7 Fd Amb ( **Fiji**) Oct 1940-Aug 1941; 4 Fd Amb Feb 1942-Jun 1943; 1 Gen Hosp Jun 1943-Jun 1944; CO 5 Fd Amb Jun 1944-Jun 1945.

<sup>5</sup> **Maj J. M. Watt**, m.i.d.; born Dunedin, 5 Jul 1914; Medical Practitioner, Wellington Hospital; Medical Officer 2 Gen Hosp Aug 1940-May 1941; 5 Fd Amb May 1941-Dec 1943; 3 Gen Hosp Jan-Jun 1944.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EL MREIR DEPRESSION

### *El Mreir Depression*

**B Company, 6 Field Ambulance, under Maj E. W. Duncan, <sup>6</sup> moved forward behind the 6 Brigade battalions on 18 July and set up its ADS before another attack, this time on a more limited objective—the **El Mreir Depression**. The ADS moved up just before dark on 21 July, the night of the attack, and set up in an advanced position behind the infantry. Parties of stretcher-bearers under Captain A. W. H. **Borrie, <sup>7</sup> twelve each from A and B Companies, were to be attached to 24 and 25 Battalions to assist in bringing back the wounded. They were late in setting out and had to follow and find their infantry battalions. The axis of advance was through two enemy minefields in front of the German positions. The battalions were to move at 9 p.m.****

**The A Company party had not located its battalion before reaching the second minefield. Moving over the skyline the stretcher-bearers met spandau fire and shelling from some anti-tank guns. They went to earth and took what cover there was. They were out in advance of the infantry. Presently the infantry moved up under cover of machine-gun fire and passed the stretcher-bearer party, which followed them through the gap in the second minefield. Casualties from shelling were picked up here, and the party, working on an arranged plan, carried the patients back to a car park near a green light. Here they were left, protected by banked-up stones, for collection by the ambulance cars when they could get through.**

**The stretcher party followed the infantry in their advance to the German front line. Seemingly the enemy had been surprised, for everything in the trenches was in disorder; food and equipment were lying about everywhere. More wounded were taken back to the car park. The ambulances did not get through till first light next morning, but all the patients were safely loaded and evacuated before the enemy counter-**

attacked.

The stretcher party from B Company went forward to the ridge skirting the depression. The wounded were cleared in a 3-ton truck and an RAP runabout; some were carried out. Working amid the whistle of rifle and spandau bullets, the stretcher-bearers stumbled back carrying their wounded to the car park. As the last of the party returned, shells from the German artillery were coming over, bursting behind them. This party, too, had finished its work before the start of the German counter-attack, in which the battalions of 6 Brigade had to face the panzer onslaught without tank support, with the result that 24 and 25 Battalions were overrun and scattered.

The first casualties reached 6 ADS before the troops had passed through the minefields. They continued to come in throughout the night. In the morning the ambulances cleared the many wounded from the stretcher-bearer car parks. Casualties now poured into the dressing station: wounds were redressed, fractures splinted, morphia injections given, and such treatment carried out as would enable the wounded to ride comfortably back to 4 MDS. Within the dressing station tents there was a busy silence, broken only by the subdued bustle of activity and an occasional curt request by the MO for some instrument, drug, or dressing, or by a call for stretcher-bearers. Outside, an ambulance would pull in to the reception tent, and immediately several stretcher-bearers would unload its patients; at the evacuation tent another ambulance would pull up, quickly fill with the redressed wounded, and pull out again to follow the rough desert track back to the MDS. When the Germans counter-attacked, their shellfire crept uncomfortably closer and closer through the morning but did not touch the dressing station. An accidental grenade explosion at the dressing station during the morning caused some slight wounds. Although the rush continued until about midday, by one o'clock the ADS was clear of its 230 patients.

Situated about two miles behind 6 ADS was 4 ADS, and this unit also received and treated 100 wounded.

At 4 MDS there was an almost overwhelming amount of work, but assistance was given by 1 and 151 British Light Field Ambulances. In addition, two British surgical teams and a transfusion unit were attached, and two extra surgical teams came from 15 British CCS at midday on 22 July.

From 9.15 p.m. on the 21st, patients arrived at the MDS in a continual stream. Many of them were severely wounded, so that it was necessary for the operating theatres to keep going all night until about 3 a.m., when the staff snatched a brief rest and started again three hours later. On the 22nd 632 patients were admitted. By pressing into use every available ambulance car, and also by using returning supply trucks, it was possible to evacuate 394 patients that day to 14 British CCS at **Gharbanyat**, but over 300 had to be held overnight. All operating sections worked throughout the night, rested for a few hours, and then resumed. Maj **Macfarlane**,<sup>8</sup> DADMS, and Maj Boyd, 4 Field Hygiene Section, gave anaesthetics during this rush period, work which Capt **Gleeson**,<sup>9</sup> the dental officer, carried out regularly throughout the month. The transfusion unit worked continuously for 40 hours.

The 23rd was another very busy day, with 438 cases admitted and convoys leaving for the CCS all day. In the afternoon it was arranged that all British patients arriving at the MDS be passed straight on to 1 British Light Field Ambulance. During the afternoon and evening a large number of Indian troops was admitted, but then the pressure of work eased. Admissions the following day dropped to 150, which enabled the staff to clear the MDS completely.

Beginning on 19 July, some of the severely wounded patients were sent by air direct to Base hospitals in **Cairo** from an improvised landing ground near the MDS. The staff of the MDS were pleased to hear that their patients arrived in **Cairo** in excellent condition an hour after leaving the dressing station. In some cases men were in bed in Base hospital less than six hours after being wounded. The returning aircraft brought supplies of blood and urgently required medical stores. Some of

the planes bore Red Crosses but others were not so identified. On 24 July the staff saw two of the unmarked planes shot up and set on fire by enemy fighters just as they were about to land. The air evacuation service was suspended for a while but was resumed later with properly marked ambulance planes.

On 28 July 6 Field Ambulance took over the MDS from 4 Field Ambulance. The British surgical team, with its complete mobile theatre specially built on two trucks, and the British blood transfusion team were transferred to 6 MDS. Ambulances of a British Motor Ambulance Convoy and of the **American Field Service** unit operated with the unit's own ambulance cars, providing ample facilities for speedy evacuation from the forward dressing stations and also back to the CCS.

Only one MDS was active at a time at this period as the distance back to the CCS was short. It was difficult, however, for the active MDS to cope with the rush of casualties, even with the help of attached British staff. The men of the inactive field ambulance felt keenly their inability to share in the strenuous work undertaken by their fellows, while they played football three miles away.

The **Eighth Army's** casualties during July were about 750 officers and 12,500 men. Of these some 4000 belonged to the New Zealand Division—severe losses which testified to the bitterness of the fighting to stabilise the line. The total of sick and wounded treated in the New Zealand field ambulances from 27 June to 31 July was 5223, of whom 4 Field Ambulance admitted 3202, 5 Field Ambulance 1460, and 6 Field Ambulance 561.

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<sup>6</sup> **Maj E. W. Duncan**, m.i.d.; born **Christchurch**, 31 Oct 1911; Medical Practitioner, **Christchurch**; Medical Officer 4 Fd Amb Sep 1940-Oct 1941; Mob Surgical Unit Oct 1941-Feb 1942; 6 Fd Amb Jun 1942-Jun 1943; 3 Gen Hosp Jun-Dec 1943; 2 i/c 5 Fd Amb Dec 1943-1944.

<sup>7</sup> **Maj A. W. H. Borrie**, MC; born **Port Chalmers**, 10 May 1917;

**Medical Practitioner, Dunedin; Medical Officer 1 Gen Hosp Aug-Dec 1941; 6 Fd Amb Dec 1941-Jul 1942; RMO 24 Bn Jul 1942-Oct 1944; 3 Gen Hosp Oct 1944-May 1945.**

**<sup>8</sup> Maj T. A. Macfarlane, m.i.d.; born Scotland, 21 Jan 1911; Medical Practitioner; Medical Officer 4 Fd Amb Apr-Sep 1940; RMO Engineers Sep 1940-Jul 1941; 6 Fd Amb Jul-Aug 1941; DADMS 2 NZ Div Aug 1941-Mar 1943; 1 Gen Hosp 1943.**

**<sup>9</sup> Maj N. M. Gleeson; born Auckland, 27 Dec 1909; Dental Surgeon, Auckland; Dental Officer May 1940-1944, 1 Gen Hosp, 4 Fd Amb, and 3 Gen Hosp.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## GENERAL SITUATION

### *General Situation*

**In the desert, towards the end of July, it was clear that Egypt had been saved by what General Auchinleck described as ‘sheer guts and hard fighting’. It was evident that neither side was sufficiently strong to deliver a knockout blow to the other, and each required a breathing spell in order to accumulate the men, material, and supplies necessary for the resumption of full-scale operations. The full resources of the **Eighth Army** had been employed in holding the extended front, and it had been impossible to form a real reserve in which troops could be rested, reformed, and trained for fresh assaults on the enemy. New formations were beginning to arrive in Egypt, but these had to be trained and would not be ready for some time. It was decided, therefore, to discontinue further offensive operations and to prepare for a new and decisive effort later.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## FLIES

### *Flies*

In July the number of flies at **Alamein** increased alarmingly. They were so thick and persistent that it was impossible to keep them from contaminating food or to elude their tormenting attentions. The onset of the plague lay in circumstances beyond medical control, but medical help was sought in an attempt to get rid of it. When 4 Field Hygiene Section came down from **Syria** it had handed over its vehicles to other units in the Mersa **Matruh** area, and most of the section was sent back to **Maadi**, while Maj Boyd became liaison medical officer with the Division. At the end of July six men from the section were called back to the desert and attached to the ADSs. Fly breeding was traced to unburied dead in wadis in the front lines and to the insanitary state of the Italian positions that had been captured. The rocky ground made good sanitation a problem. Life became extremely busy for the hygiene men with the Division, and the main body of the unit at **Maadi** lent its support by constructing fly-traps and incinerator latrines and making up gallons of fly poison. As they distributed this material and fought the flies, the few members of the unit in the divisional area became more popular than ever before. But the flies had a big start, and this was their best breeding season. Traps and swatting killed millions of them, but they still seemed to be as thick as ever.

In August one of 4 ADS staff, Pte F. Fleming, wrote:

‘The flies are persistent and aggressive. There seems to be no escape from them. Every meal is a battle with them. Traps have accounted for thousands. The ground for a yard or so around “killer tins” is inches deep in dead flies and you can swot them by the dozen, but it is like mopping up the **Mediterranean** with a piece of blotting paper. Nets are spread over the cabs of vehicles, and some men wear nets like bee-keepers’ veils over their heads. The netting on our bivvies is a blessing—

**it allows us to keep the numbers down inside to manageable figures, but we can see the little black devils swarming outside. They seem to hang around waiting for the curtain to be lifted, when they swarm in. I regularly catch three or four in my tea now and eat with a spoon, always keeping one hand waving over the dish.'**

**In the blazing August heat in the desert the men were feeling the strain of a long period in the line, which even when the action was static meant that they were tied down to their slit trenches. With practically no fresh food and the plague of flies, it was little wonder that the incidence of sickness should rise, though the rate in the Division was the lowest in 13 Corps at that time. Even among the ambulance men mild dysentery was fairly common, and cases of jaundice were beginning to appear in most units.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## LULL IN THE FIGHTING

### *Lull in the Fighting*

After the desperate days in early July, **Eighth Army** gradually reorganised. Fresh troops, tanks, guns, and all the paraphernalia of war arrived in Egypt. Confidence began to return. In mid-August General Sir Harold Alexander was appointed Commander-in-Chief Middle East, and Lieutenant-General Montgomery took over command of **Eighth Army**. About the same time, **General Freyberg** resumed command of the Division after a quick recovery from his wounds.

There was a lull in the fighting. The frequent Stuka raids wounded a few of the troops, but the ADSs and 6 MDS were kept busy attending to the sick. On 18 August 4 and 6 ADSs moved within the Division's defensive area with its protective minefields and barbed wire. A reserve of food and water was supplied, and the men were told to expect an attack at any time with the possibility that the dressing stations might be isolated. As part of the defensive plan, the MDS was moved a few miles back on two occasions, and the staff took up their duties again in the stifling heat. When 6 MDS was relieved by 4 MDS on 25 August, it had treated over 1600 patients in four weeks.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## BATTLE OF ALAM HALFA

### *Battle of Alam Halfa*

Then, on the night of 30-31 August, there was heavy shelling around the ADSs area. Rommel's attack had begun. The Germans advanced round the southern tip of the **Eighth Army** line, where the New Zealand defences were. The main column directed to the north-east was opposed by the main strength of British armour, and when within range of the **New Zealand Box** was hotly engaged by our artillery and armoured cars. The light column was attacked persistently and successfully by **Eighth Army's** light forces, while the **RAF** kept up a devastating day and night assault. The enemy forces could find no weak spot in the defence and sustained heavy losses. There was no alternative for them but to withdraw, and as this operation proceeded 13 Corps took the initiative. The New Zealand Division, with 132 British Infantry Brigade under command, attacked southwards on 3 September with the object of disrupting the withdrawal. **Eighth Army** had had its first major success for a long time.

In these operations the enemy had moved from the south to the east of the Box defences, and at times it seemed to the men of the ADSs as if the battle would go over the top of them. Shells burst close with a shattering blast and shrapnel penetrated the tarpaulin tents. Unnerving as the fire was at times, the dressing stations escaped without serious damage. By night enemy bombers were overhead incessantly dropping flares, butterfly bombs, and incendiaries. An incendiary struck a water cart and burnt its way through cab and flooring. Full ambulances came in from the RAPs in the early hours of 3 September, and Bren carriers, tanks, and trucks also brought in wounded, many of them not yet attended to. The evacuation tents at the ADSs were filled to overflowing with men lying shoulder to shoulder on folded blankets spread on the ground. There were not enough stretchers, and many patients walked

across from reception tents supported by orderlies. The wards presented a sight that would be horrible to the ordinary eye but which was now commonplace to the medical staff. Flies clustered thickly on the bloodstained bandages. A dust-storm raged most of the day.

Midway through the morning 20 Stukas dive-bombed nearby gun positions, but no bombs landed in the medical area. Three urgent calls for ambulances followed. Several trucks arrived to take back walking wounded, then an MAC convoy, and later the ambulances from the MDS. By noon the action had quietened considerably and most of the patients had been sent back to 4 MDS, 22 miles away. For the ADSs the worst was over, but for several days wounded continued to come in, some of them men from the Buffs and West Kent regiments.

The first ambulance car had arrived at the MDS at 8.15 a.m. on 3 September as the wounded could not be taken out through the minefields in the darkness. It brought a verbal request for more cars at the ADSs. All those immediately available had already been sent, but further help was summoned in the form of trucks from 5 Brigade and MAC and AFS cars. By afternoon there were 67 ambulance cars and ten trucks working on the line of evacuation. By midnight 4 MDS had handled 561 patients, as many British as New Zealanders. Lt-Col Furkert arrived at 7 p.m. in response to a request for a further surgical team in addition to **Maj S. L. Wilson's** CCS team, already attached, and the two unit teams. A British transfusion unit took charge of the pre-operative and resuscitation tent. All departments of the MDS worked continuously all night and well into the following morning. In the operating theatres there was a thick atmosphere of blood, ether, and steam from the sterilisers.

From 25 August to 11 September, when the Division was withdrawn from the line, 4 MDS treated 909 battle casualties and 915 sick, of whom 378 and 494 respectively were New Zealanders. In a remarkable period of work from 27 June 4 Field Ambulance, under Lt- **Col R. D. King**, had borne the brunt of the work of the field medical units and had admitted 5026 patients. In this period the 4 MDS staff performed 250

**major operations and the attached surgical teams 199, a total of 449, and some of the patients were nursed for several days before they were fit to be sent on to the CCS. The special sections—Reception, Operating, and Evacuation—handled the very large numbers without any breakdown or loss of efficiency.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ASC AND AFS DRIVERS

### *ASC and AFS Drivers*

**The ASC drivers attached to the field ambulances played a vital part in the evacuation of wounded in all battles, especially in the summer battles of 1942, as also did the [American Field Service](#) drivers with their ambulance cars. The latter distinguished themselves by their keenness to go forward of the RAPs, often dashing out into the desert to try to collect pilots who had baled out from our planes in the dogfights overhead.**

**The journey of about four thousand yards from the RAP to the ADS took perhaps fifteen or twenty minutes in the daytime and longer at night. The journey was inevitably slow, even under enemy fire, as the ambulance drivers tried to save the wounded from the bumps, and at night-time it was impossible to drive with any speed in the darkness along a track which twisted through gaps in the minefields and alternated between rocky stretches and soft sand.**

**In busy periods the drivers, on reaching the ADS, would quickly drink a mug of cocoa and return immediately to the RAPs. Those who took the wounded back to the MDS had to cover up to 20 miles of rough desert track. The next stage of evacuation was from the MDS to the CCS, and at [Alamein](#) some of the most difficult driving of all was met on this route. The desert was of deep, soft sand which made driving a slow, tedious, careful matter. In places long stretches of wire matting were placed on the sand to provide a track.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MOVE TO REST AREA

### *Move to Rest Area*

On 10 September the Division moved to a rest area on the coast to rest, train, and reform, and with it went the medical units, except 4 Field Ambulance, which returned to **Maadi Camp** to rejoin 4 Brigade, which was training for conversion to an armoured brigade. In the rest area the soothing music of the sea replaced the noise of the guns, and there were fewer flies. Groups from each unit went in turn for a few days' leave to **Cairo** or **Alexandria**, and on the coast the men spent much of their time swimming. With band concerts, the **Kiwi Concert Party**, **YMCA** canteens in the unit areas, and a supply of beer from the **Naafi** store at **Burg el Arab**, the men were able to spend a pleasant ten days or so.

A month's training in the desert followed. This proved a relatively busy period for the field ambulances, for although little training was done, 5 and 6 Field Ambulances provided ADSs for the units in training and 6 Field Ambulance set up an MDS for cases of sickness from the Division.

The New Zealanders had spent a trying summer. For two and a half months they had seen almost continuous action under most difficult conditions, and after a brief respite had continued with hard training. It was not surprising that the rate of sickness was high. It seemed always to increase when units came out of the line to rest or train, and in September and October this was again the case. A wave of infective jaundice reached almost epidemic proportions and caused much concern, and the dressing stations were taxed to capacity to hold the cases that flooded back to them, 6 MDS forming almost a small desert hospital.

Through the latter part of September and early October the dressing



**stations were kept busy, but towards mid-October all patients were evacuated through the CCS and 6 MDS moved into reserve near the coast. It was becoming cooler, and dust-storms were a frequent, almost regular, occurrence. On one occasion rain set in. It was heavy rain with a high wind, driving right into the bivvies that remained standing and completely flooding the low-lying area on which 6 Field Ambulance was camped.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE CASUALTY CLEARING STATION

### *The Casualty Clearing Station*

All CCS men will have clear memories of **Gharbanyat**, where they moved early in October after providing a staging post in the Delta on their return from **Syria** in June. Not that there was anything special about the area—it was much the same as the surrounding desert—but it will be remembered for the busy dramatic days that were spent there. Situated west of **Burg el Arab** and a few miles inland from the sea, the area was bisected by an extremely rough road deeply covered with a fine, creamy-coloured dust. From the camp site the barren desert sloped gently down to the main desert railway about a mile away, rising again to merge into a series of ridges and wadis stretching as far as the eye could see. On a clear day the dust of Army convoys moving up to the **Alamein** Line could be seen in the distance. In the broad monotonous panorama the only relieving feature was the tall chimney of a factory and a cluster of dusty palms down by the railway.

The weather in early October had become much cooler, and the first light rains of the approaching winter were experienced. Occasionally, thunderstorms typical of the **Mediterranean** coast provided vivid electrical displays at night. Strong winds were frequent and on at least two occasions caused severe sandstorms. During these storms the problem of keeping operating theatres and surgical wards clean and sterile can be imagined. Sand filtered everywhere. Visibility was restricted to a few yards, while in the dim light of closed, wind-torn tents it was impossible to read or write. All one could do off duty was to go to bed with a damp towel over one's head. One feature of the late autumn days spent preparing for the Battle of **Alamein** was the beauty of the rising and setting sun.

The general layout of the unit at **Gharbanyat** remained practically the same throughout the following months in the desert. The tented

wards and all sections of the hospital were widely dispersed, for although it was expected that the enemy would respect the **Red Cross** no chances were taken, even though the dispersal caused some inconvenience and loss of time. In open desert the number of tents that constitutes a CCS, and the vehicles that are forever around it, present a fair target from the air. Despite the Red Crosses, enemy bombers could easily make a mistake, especially at night. Thus, at **Gharbanyat**, 100 to 200 yards separated most departments.

In the reception tent, where ambulances first arrived at the CCS, all admissions and evacuations were registered and controlled, while the pack store nearby was responsible for the storage and handling of patients' gear and valuables. The medical officer on duty at Reception decided whether patients required operation, whether they were to be admitted direct to a ward, or whether they were fit to travel on a stage further to some other unit. In the rush periods this medical officer was perhaps the busiest person in the unit, since he had also to visit the wards and arrange the evacuations. When ambulances arrived during his absence from the reception tent, he was summoned by two blasts of a whistle—or three for emergency. Many times the Reception whistle shrilled out over the calm midnight air.

Patients for operation went direct to the pre-operative ward where blood transfusions and other resuscitation aids were provided. From here they were taken by ambulance or carried on stretchers to the operating theatre. This consisted of two EPIP tents laced together, a part of one being partitioned off for X-ray. In later locations the X-ray department was part of the pre-operative ward. An ambulance was stationed at the theatre to transfer patients to wards immediately after operation. The 'major surgical' wards consisted of EPIP tents joined together, but most of the other wards were of the large, square, tarpaulin type. Beds were available in only one of the surgical wards; other patients lay on stretchers. In the early days of the desert campaign these were laid on the ground, making tiring work for sisters and orderlies dressing wounds. Later, petrol tins were salvaged and filled with sand and the stretchers

placed on them. At **Gharbanyat** South African engineers graded a road from the reception tent, linking up the theatre with the wards. The staff slept either in their own departments or in small bivouacs close by. The MI Room, dispensary, and laboratory each had its own tents close to Reception, while the two cookhouses were conveniently sited.

Across the road and separated from the rest of the unit were the various QM tents—ordnance, ration, medical, linen, and **Red Cross** stores. Each morning they had to replenish stocks for the theatres and wards as well as replace breakages. Fresh linen was always in demand. A chapter could be written about activities in the linen store alone. The methods employed to meet the daily demand for sheets, guards, towels, and gowns were many and various. Oil drums were cut down to serve as wash-tubs. Washing had to be done daily. Shortage of water, insufficient fuel, high winds and sandstorms, and collapsing clothes-lines were some of the difficulties to be overcome. And ever the wards called for clean linen; at times it had to be rationed among them.

The unit had other small departments, too: the orderly room, the post office, the dental tent, and the workshop. Situated in a small stone hut, the workshop was a hive of industry, or at least it sounded like one when two of the unit's handymen, Len Lambourn and Vic Thompson, got to work on tins and oil drums. Both were kept busy answering SOS calls from wards and theatres. All manner of tasks were tackled; ingenious plumbing and clever carpentering produced many useful articles from benzine tins and old packing cases. The hygiene, transport, and general duties sections were other indispensable parts of the unit.

Although the unit officially admitted patients only every second day, it was usually necessary to open in the latter part of the closed day to take the overflow from 10 British CCS. For the first three weeks of October the daily average of admissions was approximately 120. Of these the majority were sick patients. It was essential to clear the hospital daily to make room for next day's admissions. 1 NZ MAC ambulance cars took patients to an ambulance train which left **Gharbanyat** station on most mornings at ten o'clock.

Because of a shortage of staff these heavy admissions kept the unit very busy, but all the while it also made preparations to deal with the even greater demands that the forthcoming battle would bring. Extra tentage was drawn, medical stores were built up, extra rations and **Red Cross** comforts obtained, while ordnance stocks such as stretchers and blankets were increased. As far as possible plans were made for emergencies and difficulties that might arise. At this time the unit resembled a military transit camp—there were so many new faces around. For a while a number of **American Field Service** volunteers were attached, as well as RASC and MAC drivers. **Maj D. T. Stewart**<sup>10</sup> and the energetic team of the newly-formed 2 NZ Field Transfusion Unit were also with the CCS for some considerable time. In subsequent battles it was usual for the Transfusion Unit to work with the MDS which was admitting casualties.

The eight nursing sisters who had been with the CCS in **Syria** rejoined the unit during October. Glad to be back with the unit, they were extremely eager to share in the work, dangers, and discomforts that conditions in the desert would bring. Tents pitched in the open desert do not afford much privacy for women, and scrim was erected around a small area to form a compound. However, no special compound was ever provided again at the CCS.

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<sup>10</sup> **Maj D. T. Stewart**; born **Wanganui**, 3 Aug 1911; Pathologist, Christchurch Hospital; Pathologist 1 Gen Hosp Mar 1940-Jun 1944, except while OC 2 Field Transfusion Unit, Oct 1942-Feb 1943.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 2 GENERAL HOSPITAL MOVES TO EL BALLAH

### *2 General Hospital Moves to El Ballah*

When 2 NZ General Hospital prepared to leave **Nazareth** in June, the news from the desert was not reassuring and the unit's return to Egypt was delayed. Meanwhile, it moved to **Kfar Vitkin**, on the coast between **Haifa** and **Tel Aviv**. The change was a radical one. Here the hospital was on a flat sandy stretch back from a cliff near the sea. A little inland were acres of orange groves, while near at hand grapes were to be had in abundance, at about two-pence a pound.

Everyone was housed in huts commanding a view of the open sea. The sisters' cottages had been previously used by convalescent officers, but had in the first place been built as seaside residences for wealthy Jews from **Haifa** and **Tel Aviv**. The designs varied slightly, but nearly all of them consisted of two bedrooms, living room, kitchenette, and bathroom, with a front and a back porch.

Some field training was engaged in at **Kfar Vitkin**, but the afternoons were largely devoted to organised recreational training, swimming, and sunbathing. There were cricket, hockey, and tennis matches, a number against 1 NZ Convalescent Depot, which was in an adjoining area, and a tabloid sports meeting. A donkey derby was a highlight in the sporting events and drew a large crowd. The riders all wore racing dress and there was a totalisator and a loudspeaker system.

Members of the unit were guests at Jewish communal farms. Trips were made to Jerusalem and to **Tel Aviv**, where the **Palestine** Orchestra was heard and the Madame Kraus Ballet seen. The nurses staged a concert, which went with a swing and showed the extent of their suntan. **Kfar Vitkin** built up the health of the unit for the strenuous work of establishing the hospital at **El Ballah**.

The move to **El Ballah** was welcomed, though all knew it would entail hard work once more. All the staff were keen to play their part in the active work ahead. On 26 July the unit entrained at Hadera station for the overnight journey to **Kantara**, its home for the next eighteen months.

**El Ballah**—meaning a date palm, though no one ever found it there—was a stretch of desert south of **Kantara**, some three miles from the **Suez Canal** and almost alongside the Sweet Water Canal. For the first time the unit found itself in a hospital area, together with four other hospitals and a British convalescent depot. Most of the wards were in Nissen and Army huts, some were tented, and there were also administration and departmental buildings. The staff lived in sunken EPIP tents with tiled floors.

The sisters' tents, shared by three or four, were made comfortable and attractive by the addition of box furniture covered with gay floral chintz. The sisters' compound was completely hemmed in by a large mud-brick wall, giving no view but a patch of sky and a broken line of trees growing beside the Sweet Water Canal. The sisters' mess and lounge were in Nissen huts; the lounge with its gay curtains, bright cushions, piano, and easy chairs looked very homely. Then, too, plenty of water, good showers, and a bath were greatly appreciated. **El Ballah** was within easy reach of **Cairo**, while **Port Said** and **Ismailia** also made good shopping and leave centres.

Four days after the unit was established in this area it was admitting patients, mostly New Zealanders. Glad to be hard at work again, everyone was ready for the rush of patients that came from **El Alamein**.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 GENERAL HOSPITAL HARD-PRESSED

### *1 General Hospital Hard-pressed*

While **2 General Hospital** had travelled to **Gerawla** in the **Western Desert**, to **Nazareth** in **Palestine**, and to **El Ballah** in the **Canal Zone**, and while **3 General Hospital** went to **Beirut**, **1 General Hospital** had remained at **Helwan** as the main Base hospital. The unit had had its share of travel in going to **England**, and its share of adventure in its battle experiences and losses in **Greece** and **Crete**.

Throughout its first eight months at **Helwan** the number of patients in hospital varied from 500 to 750, and when conditions were critical in the **Western Desert** in July 1942 the bed-state rose to 890 and remained above 800 for some months. Six major convoys were received during July, and by the end of that month 444 battle casualties had been treated since the **New Zealand Division** rushed from **Syria** to **Mersa Matruh** in June.

In the latter part of July several small convoys were received by air ambulance. Patients brought by this form of transport were often admitted to the hospital within 48 hours of being wounded, after passing through the field medical units. The first air ambulance to use **Helwan** airfield with patients for the hospital, which was only a mile away, landed there on 5 August. Later, the planes reverted to the use of **Heliopolis** aerodrome on the other side of **Cairo**.





*4 Field Ambulance desert operating theatre for El Mreir casualties*

**4 Field Ambulance desert operating theatre for El Mreir casualties**

*A blood transfusion in the desert, after Ruweisat*



**A blood transfusion in the desert, after Ruweisat**



*5 Field Ambulance MDS receives Alamein wounded*

**5 Field Ambulance MDS receives *Alamein* wounded**



*An operation by 1 CCS surgical team in the same MDS*

**The serious jaundice epidemic in the Division in September and October 1942 stretched the hospital's accommodation to the utmost. On 2 October there were over 1000 patients in hospital. Extra tents were erected in 'Spencerfield' and jaundice patients admitted there direct. On 4 October there were 1149 patients, by the 8th 1256, on the 11th 1288, until the highest total of 1327 in-patients was reached on 20 October. The number of jaundice patients imposed a great strain on the medical division of the hospital. Large numbers of less seriously ill cases had to be transferred to Maadi Camp Hospital. The total number of jaundice (infective hepatitis) cases treated during October was 721, and there were about 400 in hospital at one time. The average bed-state for the month was 1136, the highest average ever reached by 1 General Hospital.**

**The majority of the sick and wounded from the desert came by ambulance train through [Alexandria](#) to [Cairo](#) main station. From here they were taken the 17 miles to [Helwan](#) by motor ambulance cars from 1 General Hospital and Maadi Camp Hospital. Waiting in the station yard for the train to arrive would be dozens of ambulances drawn up in line, doors hanging open. When the train arrived, stretcher parties passed to and from the platform carrying the wounded to the ambulances under the interested gaze of Egyptian loiterers. With their quota of patients the ambulances then headed for [Helwan](#) hospital, where the unit was**

expecting them—everyone from Colonel to Private soon got the message when a convoy was due. The patients were speedily transferred from the ambulance cars to the wards, where the sisters saw that they were washed and put to bed between clean sheets. After their long journey the men were so weary and tired that, after they had been fed, they soon dropped off to sleep. Then would begin treatment to restore them to health again, a process that might take many hours of attention over weeks or months.

A cable by **General Freyberg** to the Minister of Defence in New Zealand on 9 August 1942 testifies to the able service rendered by the hospitals and other medical units.

‘Have just finished visiting our General Hospitals at **Beirut**, Canal Area, and **Helwan** following personal experience of greatest skill and care at No. 1 while recovering from my wound. I feel at the present moment when there are so many battle casualties in our hospitals that you would be reassured to know something of the wonderful work of our Medical Services in looking after battle casualties.... Skill of doctors and nurses is of the highest standard and all serious cases have special day and night nurses.

‘DMS reports wounded arrive in excellent condition due to quick evacuation, including evacuation by air ambulances now in use, and to high standard of medical attention by our field ambulances, whose excellent equipment and efficiency has greatly impressed the medical mission at present visiting the **Middle East**.

‘Wonderful spirit of efficiency and devotion to duty is evident amongst all doctors, sisters, and attached services, both in the hospitals and in the field.

‘Finally, the great work of the Medical Services receives continual inspiration from the magnificent spirit of our wounded.’

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

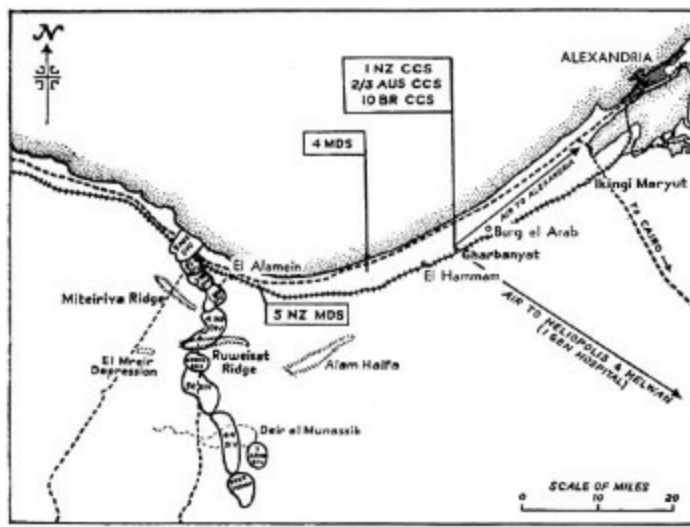
# CHAPTER 11 – BATTLE OF ALAMEIN

## CHAPTER 11

### BATTLE OF ALAMEIN

**THROUGHOUT** September and October **Eighth Army** continued its preparations for the offensive, but the medical personnel heard little of these plans. Patients were the main source of information although they knew only their own particular sectors. Daily, convoys of guns rolled along the dusty roads past the camp areas, while at night there was an almost ceaseless clatter of tanks and transporters moving into position. The medical officers attended conferences and made arrangements for the part their particular units were to play in the medical chain. Increased activity in the air indicated that the day was near.

It arrived on 23 October 1942. During the day all members of the units were assembled, General Montgomery's order of the day read, and plans for the battle due to begin that night outlined. The day was comparatively quiet. All the sick had been cleared from the forward medical units and the lines of evacuation were ready. Most of the men did some last-minute washing and letter-writing, while the units generally made final preparations for the heavy casualties expected. Extra tentage was erected at the CCS as soon as it was dusk. The job had been left until this time because in enemy reconnaissance photographs such an obvious increase in the layout of a medical unit would indicate the nearness of large-scale operations at the front. Evening came, and an air of expectant hush seemed to settle over the whole desert as the moon rose. For once there was no sound of transport. Everything was silent and waiting. The **Eighth Army's** guns, nearly a thousand of them, were ready, and the infantry and armour were awaiting zero hour.



*Battle of El Alamein—Dispositions at 23 October 1942*

***Battle of El Alamein—Dispositions at 23 October 1942***

The New Zealand Division, as part of 30 Corps, was to capture and hold the **Miteiriya Ridge** west of the **Qattara Track**. It was then to revert to the command of 10 Corps, an armoured formation which, passing through gaps in the minefields westwards, would try to cut off the enemy.

***The ADSs in Position***

After functioning as an ADS in Swordfish area (between **Amiriya** and **Burg el Arab** and about 16 miles inland) A Company, 5 Field Ambulance, under **Capt J. M. Tyler**, moved on 21 October. It drove along the coast road in complete darkness, then turned inland to an allotted area. Here slit trenches were dug, but no tents or bivouacs were erected and the **Red Cross** signs were again not displayed. Five extra **American Field Service** ambulance cars, with seven drivers, were attached to the ADS. No movement of troops was permitted during the next few days, and because of this some difficulty was experienced in dealing with the intake of patients. At 7 p.m. on 23 October the company again moved forward and about 9.20 p.m. sited an ADS behind a low escarpment. Here the brown and white 40ft by 40ft tarpaulins with large Red Crosses were erected, and a small German tent was set up to serve as an MI Room.

Ten minutes before zero hour, A Company, 6 Field Ambulance, under

**Maj R. A. Elliott, moved up in the dark to set up its ADS in a forward position well in front of the artillery and in close support of 6 Brigade infantry battalions.**

### ***The Battle Begins***

**The artillery opened fire at 9.40 p.m. on 23 October. Gun flashes floodlit the desert and the air reverberated with the continuous concussion of the gunfire. By the time A Company, 6 Field Ambulance, reached its position the barrage was thundering overhead and the men set to work immediately to erect and sandbag the tents. The tense atmosphere of battle, the incredible noise, the throbbing air, and the unnatural light spurred them on, and the dressing station was very soon established and ready for operation. Nearby were some dugouts left by South Africans, and the men were able to use these for themselves. The enemy must have been stunned by the terrific weight of the barrage, for he threw little back.**

**At ten o'clock the infantry went forward under the barrage. Men wounded in the advance from the infantry start line to the first minefields reached 6 ADS by midnight, but it was not until the early hours of the 24th that the ambulances were able to get through to the battalion RAPs and clear the wounded, who were by then accumulating. The task of the ambulance car drivers was most difficult; the desert tracks between the ADS and the several RAPs, though lit in parts, were ill-defined and difficult to follow, and were congested with armour, particularly in the narrow gaps leading through the minefields. Tanks moving up prevented the ambulances from making their way through, and by the time they were able to reach the RAPs and set out on the return journey, the enemy, reviving somewhat after the initial stunning shock, was beginning to hit back. Returning amid bursting shells and whining shrapnel, the ambulances relayed their wounded back to the ADS, and the little dressing station became a bustle of activity.**

**With a clearer passage for the ambulances, the wounded began to pour into 6 ADS, which for a time was taxed to cope with the flood of**



casualties. Medical officers and orderlies were dressing wounds in a frantic rush, bandaging, splinting, and administering drugs, giving blood transfusions to those whose condition was low, and even performing some minor surgery where it was deemed urgently necessary. But still the number of men awaiting attention accumulated—they lay on stretchers on every available square foot of space. In the holding wards, too, men who had received attention lay everywhere awaiting evacuation to the MDS, for it was impossible to get them away before first light; armour in a densely packed mass was moving up past the ADS during the early hours of the morning, and ambulances could not find a passage through the congestion.

By 6 a.m. it was possible to send the first of the wounded down the desert track to 5 MDS, under Lt-Col McQuilkin, and all vehicles that could be used, ambulances and three-tonners, were despatched fully loaded with wounded. To clear the congested treatment tent for those awaiting attention, the wounded were loaded on the ambulances direct from the reception centre at first, and soon some semblance of order was restored in the dressing centre. By midday six extra ambulance cars were secured to assist the evacuation and the dressing station had returned to smooth-running routine.

All day the ADS worked steadily. That night the barrage opened again and there was a further heavy flood of casualties, but a continuous relay of ambulance cars plying from RAP to ADS, from ADS to MDS, created a smooth-running chain of evacuation, and the capacity of the ADS was not again overtaxed. With tank engagements on the 25th, 6 ADS was receiving casualties mostly from the British armoured units; a light dressing station from 166 British Field Ambulance joined the ADS to assist in treating these casualties.

## **5 ADS**

Fortunately for 5 ADS the enemy did not reply to the opening artillery barrage. Had he done so, the ADS, just forward of our own guns,

would probably have been in an untenable position. A steadily increasing number of casualties poured in, and the medical officers and men of the company worked without a break during the night and all the next day. It was fortunate that additional ambulance cars were available to take the casualties back quickly to 5 MDS, then some eight miles way. In a period of 26 hours the ADS admitted and evacuated approximately 460 casualties.

One medical officer, assisted by orderlies, dealt with walking wounded only at the small German tent. A second medical officer, with the most skilled nursing orderlies, treated the serious cases and applied Thomas splints whenever lower limb fractures were involved. A third medical officer, with less skilled assistants, dealt with the miscellaneous wounded. As far as possible the orderlies and stretcher-bearers worked in rotational shifts. This ensured some rest for all from their very arduous and trying duties. Next day, 25 October, fewer casualties were received, the total admissions numbering 94. One ambulance car, en route from the ADS to the rear, ran over a mine and was damaged. During attempts to salvage the vehicle, it struck another mine and was so damaged that it had to be abandoned.

### *At the Main Dressing Station*

At 5 MDS very full preparations had been made. At 11 p.m. on 23 October the first casualties began to arrive. During the early hours of the 24th, Major McKenzie's <sup>1</sup> 1 General Hospital surgical team began performing urgent major surgery; it continued to work without a halt for 16 hours. All through the early morning a steady stream of stretcher casualties poured in, and at mid-morning twelve three-ton trucks filled with walking wounded returned from the ADSs. The MDS was exceptionally busy, and a request was sent to the ADMS for an additional surgical team. To clear the MDS of patients, extra transport was pressed into service, as the ten MDS ambulance cars could not cope with the numbers waiting to be evacuated. After midday, casualties began to arrive at a terrific rate, many of these being from 51 Highland Division.

**From 1 South African Division's forward medical units, considerable numbers of chest, head, and abdomen cases were also received. The accommodation of the MDS was completely overtaxed, and at 3 p.m. 250 lying cases surrounded the area without any form of protection from sun and dust. The staff of the unit worked continuously, and the ASC drivers, when not driving their ambulances, assisted in general duties. At this time the supply of stretchers was exhausted and it was impossible to procure more. The supply of blood and plasma was adequate, and during the day nearly ninety transfusions were given.**

**About 6 p.m., through the efforts of ADMS 2 NZ Division (Col Ardagh), 30 vehicles arrived, and within an hour a great number of casualties was evacuated, leaving with the MDS only those who had recently come from the operating theatre. Considerable relief was afforded the overworked medical officers when Maj S. L. Wilson, with his additional surgical team from 1 NZ CCS, began operating during the afternoon. Both surgical teams operated without a halt for many hours. The evacuation arrangements worked more smoothly as the day progressed, and an adequate number of three-tonners was available to clear the MDS. On an average it took three hours for a vehicle to do the round trip from MDS to CCS.**

**Over a period of 24 hours (23-24 October) the MDS handled a record number of 838 patients, of whom more than 500 were New Zealanders. The surgical teams, as well as the field ambulance surgeons, were fully engaged with either major or minor surgery. The resuscitation department was always abreast of blood transfusion requirements. The day's intake on 25 October was much lighter (about 300), and every feature of the work in the MDS, including evacuation, went most smoothly. The special surgical teams attached to the MDS worked under a rotational scheme of duty, and this gave the surgeons an opportunity for rest.**

**Amongst the casualties received at the MDS were also many enemy prisoners, but their own captured medical personnel were able to look after them. Considerable air activity in that sector and heavy bombing**

in nearby areas interrupted rest and sleep. During the day there were several air battles overhead. On the night of 25-26 October things became relatively quiet, and as many of the staff as possible took the opportunity to rest.

### *At the CCS*

The Battle of **Alamein** provided **1 NZ CCS** at **Gharbanyat** with the busiest period of its life, but the unit rose to the occasion. Surgeons, doctors, sisters, medical orderlies, stretcher-bearers, and cooks all gave of their best.

The CCS and the adjacent  $\frac{2}{3}$  Australian CCS and 10 British CCS received patients in rotation. The unit started receiving at 5 p.m. on 24 October, and within three hours over 300 cases had been admitted, most being seriously wounded. At half past eight a special evacuation by road to **Alexandria** cleared some of the wards and the unit was able to admit a further 70 casualties. No member of the staff will ever forget that first night. Every department was working at top pressure, all wards and annexes were congested, stretcher cases were everywhere. Special attention could be given only to the very seriously wounded, while for the others there was time only to see that they were as comfortable as possible and well covered with blankets. More than anything else, the wounded appreciated hot drinks, and the Padre ensured that all of them received **Red Cross** cigarettes and chocolate. Morphine gave relief to those in pain but shock and exhaustion brought instant sleep to most.

The next day, Sunday, a blockage on the railway line upset the evacuation of wounded, and patients had to be taken by road to the train at **Ikingi Maryut**. This caused a shortage of ambulances for a while and casualties accumulated. A further 300 cases came in during the day, so that by night the hospital was again full to capacity. Overnight a heavy rainstorm brought further problems when some of the tents leaked. No one had time to stop and make repairs. Next morning a strong wind quickly dried the ground, but then there was dust to contend with.

**And so the busy period continued day after day. Admissions for the ensuing week averaged over 200 daily. Extra tentage had now been erected, bringing the number of wards to ten. All the staff worked long hours. Some of the sisters and orderlies were often on duty over eighteen hours a day. The sisters were proud to be attending to battle casualties in the forward area. After such long hours on duty it was a great relief to get out of one's department and enjoy the fresh air while walking across for a quick meal at the cookhouse.**

**Volunteers freely offered their services for extra tasks such as stretcher-bearing. The ASC drivers and general duties teams, though not at all accustomed to nursing, were willing assistants in the wards, and by attending to routine jobs enabled the orderlies to employ their skill where it was most needed. A number of men had roving commissions and lent a hand where necessary. Considerable assistance was given by a team of Mauritians who arrived at the hospital each morning. Two or three were attached to each department and proved first-class workers. Although they spoke French only, they were quick to see what was required and were keen to learn.**

**Much could be written about the work of the operating theatre and of the trials and difficulties that the number of serious cases brought its staff. Naturally the most important, it was by far the busiest section of the whole unit, working non-stop for ten days and nights. The CCS had only one theatre at this time. It was an EPIP tent, and in it two operating tables were set up. Working in this very confined space, two surgical teams, under Maj T. W. Harrison and Capt A. W. Douglas,<sup>2</sup> operated almost continuously for 72 hours in eight-hour shifts. All the operations were major ones. Then, when the work was at its peak, Capt Douglas had to go off duty with a septic finger. Col T. D. M. Stout and Maj W. M. Brown<sup>3</sup> were attached at this time and it was possible to form three operating teams. After an eight-hour shift in the theatre, the orderlies of each team had to spend a further eight hours sterilising and cleaning up. With endless major operations, the cramped space and the heat, and with but a few hours' sleep daily, these surgical teams required**

**extreme patience and endurance. They did a grand job and saved many lives.**

**When it was seen that the main theatre could not possibly cope with all the cases requiring surgical treatment, the MI tent was equipped with surgical and anæsthetic equipment and used as a small operating theatre. Maj Brown, and later Lt-Col Hunter, performed the surgery here, with the assistance of a theatre team. Long hours were worked in this small department, too, and many patients were handled. Most of the wounds treated were slight, requiring only surgical cleaning, dusting with sulphanilamide powder, and dressing with vaseline gauze.**

**With the ambulance convoys arriving unheralded at all hours of the day and night, and famished drivers and wounded all in need of a meal, the hospital cookhouse was almost as important as the theatre. The cooks kept up a 24-hour service and ensured that the large numbers passing through the unit were able to have a meal. Food was kept in special hot-boxes and cocoa or coffee was always available. Walking patients ate at the cookhouse, but the wards' staffs had to collect meals for stretcher cases.**

**The New Zealand CCS was not, of course, in the field to deal with New Zealand sick and wounded alone. Medical services were pooled and the unit was under Corps control, admitting troops from all the Allied formations that constituted **Eighth Army**—cheery Australians, often too long for their stretchers; South Africans, who could always be told by their solid weight; staunch Scots from the Highland Division; and English Tommies, always to be admired for their patience and philosophical acceptance of suffering. Someone could always be found to interpret for the Fighting French, but Greeks, Indians, and Italian and German wounded prisoners of war presented difficulties, particularly when their medical documents were written in their own language.**

**Patients did not remain long at the CCS during this busy period. All who were fit to travel went on as soon as possible, some remaining for only an hour or so. Most of the wounded were sent by train from**

**Gharbanyat station to hospitals in the Delta area, but some went by road to Alexandria. Air evacuation had been instituted just before the battle began, and cases urgently needing specialised treatment went by hospital plane to Cairo. The landing ground was about three-quarters of an hour by road from the CCS and the air journey from there took just over an hour.**

### *The 'Dogfight'*

**In the first three days of the offensive, Eighth Army drove a big salient into the enemy's defences. The fighting was bitter and the objectives were gained at great cost. But to the enemy the cost was much greater, and in men, armour, and materials he had been heavily depleted. Since daybreak on 24 October the Germans had been making a series of counter-attacks. These, together with a heavy armoured counter-attack on the 27th, were all repulsed. The ADSs treated and cleared to the MDS a large number of wounded from the fighting.**

**October the 26th was the quietest day experienced at 5 ADS since the action began, and only 70 casualties were brought in. Seventeen of these had resulted from enemy bombing of front-line positions near the ADS and the artillery positions sited just behind it. The ADS was fortunate to escape being hit as considerable numbers of enemy aircraft were in action over the sector. These same gun positions were again bombed on 27 October and further casualties suffered. The enemy also began to shell the area, and the resulting casualties were brought back to the ADS by ambulances of the American Field Service.**

**On the night of 26-27 October 6 Brigade made an attack which gained more depth in front of Miteiriya Ridge, and during next morning 6 ADS was busy clearing the casualties. Eighth Army was then regrouped, and the next night the whole of 2 NZ Division, except the artillery, was relieved by 1 South African Division and moved back to a rear area to reorganise.**

### *The Break-out*

While the Division was resting, 9 Australian Division, fighting magnificently, succeeded in penetrating far into the enemy's defences. This threat to cut off his coastal forces drew the enemy's main concentration to the north, while farther south **Eighth Army** resumed its attack. For this attack 2 NZ Division, with two British infantry brigades<sup>4</sup> under command, was brought back into action on 1 November to conduct a further assault and enable the mobile 10 Corps to break through.

A Company, 6 Field Ambulance, dug in its ADS that night in the salient driven into the German lines. Its position was almost on the railway line, some distance beyond the El **Alamein** station. Nearby were some uncleared minefields, and a little to the north was the main road, north of which the Australians had been fighting. With the help of bulldozers borrowed from the Engineers, areas for the tents had been dug out during the afternoon, and the men set up and sandbagged their tentage, completing the erection of at least a partially protected dressing station. 6 ADS was opened at last light.

It was five o'clock next morning (2 November) before casualties reached the dressing station from the attack, most of them from 152 Brigade and armoured units. Wounded flowed in steadily, and the ADS continued working through the day, on through the night, and during the following day. As the wounded were sent back, 5 MDS, the CCS, and the hospitals were busy in turn.

This attack, relentlessly pressed by 9 British Armoured Brigade, burst through the enemy's anti-tank gun screen which had so far successfully barred the way to the armour. In the morning of 4 November it was found that this screen of guns had withdrawn to the north-west. The way was clear. Rommel was retreating and the chase was on.

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<sup>1</sup> Maj D. D. McKenzie; born **Australia**, 9 Sep 1902; Surgeon, **Auckland**; Surgeon 2 Gen Hosp Jun 1940-Dec 1941; 1 Gen Hosp Dec 1941-Sep 1942; OC 2 NZ Fd Surg Team Sep 1942-Mar 1943; OC 1 British Neurosurgical Unit Feb-Sep 1943; Surgeon HS



***Maunganui* Nov 1943-Mar 1944.**

**<sup>2</sup> Maj A. W. Douglas; born Napier, 23 Oct 1910; Surgeon, England; Surgeon 1 Mob CCS Jan 1942-Apr 1943; OC NZ Surg Team Apr-Jun 1943; 1 Gen Hosp Jun-Oct 1943; OC 1 Fd Surg Unit Oct 1943-Aug 1944; 1 Gen Hosp Aug 1944-1945.**

**<sup>3</sup> Maj W. M. Brown, m.i.d.; born Lyttelton, 8 Jul 1895; Gynæcologist, Christchurch; Surg Sub Lt RNVR 1918; Asst SMO Burnham Camp Jun-Oct 1941; Medical Officer Maadi Camp Hosp Jan-Oct 1942; 1 Mob CCS Oct 1942-Dec 1943; 1 Gen Hosp Dec 1943-Apr 1944.**

**<sup>4</sup> 151 Inf Bde (from 50 Division) and 152 Inf Bde (from 51 Highland Division).**

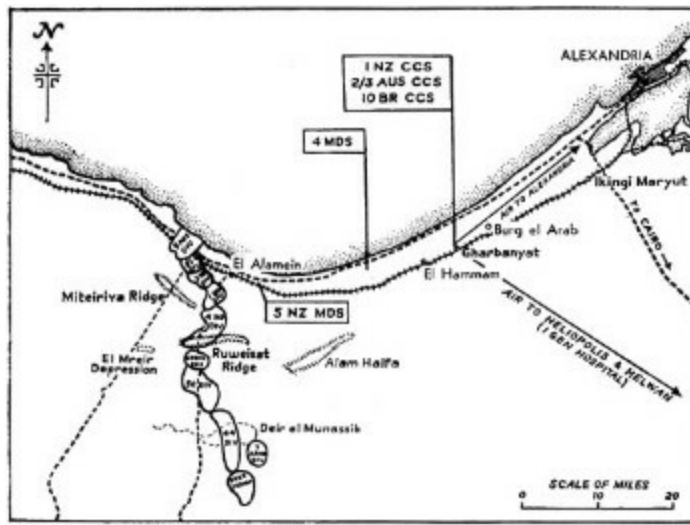
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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**THROUGHOUT** September and October **Eighth Army** continued its preparations for the offensive, but the medical personnel heard little of these plans. Patients were the main source of information although they knew only their own particular sectors. Daily, convoys of guns rolled along the dusty roads past the camp areas, while at night there was an almost ceaseless clatter of tanks and transporters moving into position. The medical officers attended conferences and made arrangements for the part their particular units were to play in the medical chain. Increased activity in the air indicated that the day was near.

It arrived on 23 October 1942. During the day all members of the units were assembled, General Montgomery's order of the day read, and plans for the battle due to begin that night outlined. The day was comparatively quiet. All the sick had been cleared from the forward medical units and the lines of evacuation were ready. Most of the men did some last-minute washing and letter-writing, while the units generally made final preparations for the heavy casualties expected. Extra tentage was erected at the CCS as soon as it was dusk. The job had been left until this time because in enemy reconnaissance photographs such an obvious increase in the layout of a medical unit would indicate the nearness of large-scale operations at the front. Evening came, and an air of expectant hush seemed to settle over the whole desert as the moon rose. For once there was no sound of transport. Everything was silent and waiting. The **Eighth Army's** guns, nearly a thousand of them, were ready, and the infantry and armour were awaiting zero hour.



*Battle of El Alamein—Dispositions at 23 October 1942*

***Battle of El Alamein—Dispositions at 23 October 1942***

The New Zealand Division, as part of 30 Corps, was to capture and hold the **Miteiriya Ridge** west of the **Qattara Track**. It was then to revert to the command of 10 Corps, an armoured formation which, passing through gaps in the minefields westwards, would try to cut off the enemy.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE ADSS IN POSITION

### *The ADSs in Position*

After functioning as an ADS in Swordfish area (between **Amiriya** and **Burg el Arab** and about 16 miles inland) A Company, 5 Field Ambulance, under **Capt J. M. Tyler**, moved on 21 October. It drove along the coast road in complete darkness, then turned inland to an allotted area. Here slit trenches were dug, but no tents or bivouacs were erected and the **Red Cross** signs were again not displayed. Five extra **American Field Service** ambulance cars, with seven drivers, were attached to the ADS. No movement of troops was permitted during the next few days, and because of this some difficulty was experienced in dealing with the intake of patients. At 7 p.m. on 23 October the company again moved forward and about 9.20 p.m. sited an ADS behind a low escarpment. Here the brown and white 40ft by 40ft tarpaulins with large Red Crosses were erected, and a small German tent was set up to serve as an MI Room.

Ten minutes before zero hour, A Company, 6 Field Ambulance, under **Maj R. A. Elliott**, moved up in the dark to set up its ADS in a forward position well in front of the artillery and in close support of 6 Brigade infantry battalions.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE BATTLE BEGINS

### *The Battle Begins*

**The artillery opened fire at 9.40 p.m. on 23 October. Gun flashes floodlit the desert and the air reverberated with the continuous concussion of the gunfire. By the time A Company, 6 Field Ambulance, reached its position the barrage was thundering overhead and the men set to work immediately to erect and sandbag the tents. The tense atmosphere of battle, the incredible noise, the throbbing air, and the unnatural light spurred them on, and the dressing station was very soon established and ready for operation. Nearby were some dugouts left by South Africans, and the men were able to use these for themselves. The enemy must have been stunned by the terrific weight of the barrage, for he threw little back.**

**At ten o'clock the infantry went forward under the barrage. Men wounded in the advance from the infantry start line to the first minefields reached 6 ADS by midnight, but it was not until the early hours of the 24th that the ambulances were able to get through to the battalion RAPs and clear the wounded, who were by then accumulating. The task of the ambulance car drivers was most difficult; the desert tracks between the ADS and the several RAPs, though lit in parts, were ill-defined and difficult to follow, and were congested with armour, particularly in the narrow gaps leading through the minefields. Tanks moving up prevented the ambulances from making their way through, and by the time they were able to reach the RAPs and set out on the return journey, the enemy, reviving somewhat after the initial stunning shock, was beginning to hit back. Returning amid bursting shells and whining shrapnel, the ambulances relayed their wounded back to the ADS, and the little dressing station became a bustle of activity.**

**With a clearer passage for the ambulances, the wounded began to pour into 6 ADS, which for a time was taxed to cope with the flood of**

**casualties. Medical officers and orderlies were dressing wounds in a frantic rush, bandaging, splinting, and administering drugs, giving blood transfusions to those whose condition was low, and even performing some minor surgery where it was deemed urgently necessary. But still the number of men awaiting attention accumulated—they lay on stretchers on every available square foot of space. In the holding wards, too, men who had received attention lay everywhere awaiting evacuation to the MDS, for it was impossible to get them away before first light; armour in a densely packed mass was moving up past the ADS during the early hours of the morning, and ambulances could not find a passage through the congestion.**

**By 6 a.m. it was possible to send the first of the wounded down the desert track to 5 MDS, under Lt-Col McQuilkin, and all vehicles that could be used, ambulances and three-tonners, were despatched fully loaded with wounded. To clear the congested treatment tent for those awaiting attention, the wounded were loaded on the ambulances direct from the reception centre at first, and soon some semblance of order was restored in the dressing centre. By midday six extra ambulance cars were secured to assist the evacuation and the dressing station had returned to smooth-running routine.**

**All day the ADS worked steadily. That night the barrage opened again and there was a further heavy flood of casualties, but a continuous relay of ambulance cars plying from RAP to ADS, from ADS to MDS, created a smooth-running chain of evacuation, and the capacity of the ADS was not again overtaxed. With tank engagements on the 25th, 6 ADS was receiving casualties mostly from the British armoured units; a light dressing station from 166 British Field Ambulance joined the ADS to assist in treating these casualties.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 ADS

### 5 ADS

**Fortunately for 5 ADS the enemy did not reply to the opening artillery barrage. Had he done so, the ADS, just forward of our own guns, would probably have been in an untenable position. A steadily increasing number of casualties poured in, and the medical officers and men of the company worked without a break during the night and all the next day. It was fortunate that additional ambulance cars were available to take the casualties back quickly to 5 MDS, then some eight miles way. In a period of 26 hours the ADS admitted and evacuated approximately 460 casualties.**

**One medical officer, assisted by orderlies, dealt with walking wounded only at the small German tent. A second medical officer, with the most skilled nursing orderlies, treated the serious cases and applied Thomas splints whenever lower limb fractures were involved. A third medical officer, with less skilled assistants, dealt with the miscellaneous wounded. As far as possible the orderlies and stretcher-bearers worked in rotational shifts. This ensured some rest for all from their very arduous and trying duties. Next day, 25 October, fewer casualties were received, the total admissions numbering 94. One ambulance car, en route from the ADS to the rear, ran over a mine and was damaged. During attempts to salvage the vehicle, it struck another mine and was so damaged that it had to be abandoned.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## AT THE MAIN DRESSING STATION

### *At the Main Dressing Station*

At 5 MDS very full preparations had been made. At 11 p.m. on 23 October the first casualties began to arrive. During the early hours of the 24th, Major McKenzie's <sup>1</sup> 1 General Hospital surgical team began performing urgent major surgery; it continued to work without a halt for 16 hours. All through the early morning a steady stream of stretcher casualties poured in, and at mid-morning twelve three-ton trucks filled with walking wounded returned from the ADSs. The MDS was exceptionally busy, and a request was sent to the ADMS for an additional surgical team. To clear the MDS of patients, extra transport was pressed into service, as the ten MDS ambulance cars could not cope with the numbers waiting to be evacuated. After midday, casualties began to arrive at a terrific rate, many of these being from 51 Highland Division. From **1 South African Division's** forward medical units, considerable numbers of chest, head, and abdomen cases were also received. The accommodation of the MDS was completely overtaxed, and at 3 p.m. 250 lying cases surrounded the area without any form of protection from sun and dust. The staff of the unit worked continuously, and the ASC drivers, when not driving their ambulances, assisted in general duties. At this time the supply of stretchers was exhausted and it was impossible to procure more. The supply of blood and plasma was adequate, and during the day nearly ninety transfusions were given.

About 6 p.m., through the efforts of ADMS 2 NZ Division (Col Ardagh), 30 vehicles arrived, and within an hour a great number of casualties was evacuated, leaving with the MDS only those who had recently come from the operating theatre. Considerable relief was afforded the overworked medical officers when **Maj S. L. Wilson**, with his additional surgical team from **1 NZ CCS**, began operating during the afternoon. Both surgical teams operated without a halt for many hours.



**The evacuation arrangements worked more smoothly as the day progressed, and an adequate number of three-tonners was available to clear the MDS. On an average it took three hours for a vehicle to do the round trip from MDS to CCS.**

**Over a period of 24 hours (23-24 October) the MDS handled a record number of 838 patients, of whom more than 500 were New Zealanders. The surgical teams, as well as the field ambulance surgeons, were fully engaged with either major or minor surgery. The resuscitation department was always abreast of blood transfusion requirements. The day's intake on 25 October was much lighter (about 300), and every feature of the work in the MDS, including evacuation, went most smoothly. The special surgical teams attached to the MDS worked under a rotational scheme of duty, and this gave the surgeons an opportunity for rest.**

**Amongst the casualties received at the MDS were also many enemy prisoners, but their own captured medical personnel were able to look after them. Considerable air activity in that sector and heavy bombing in nearby areas interrupted rest and sleep. During the day there were several air battles overhead. On the night of 25-26 October things became relatively quiet, and as many of the staff as possible took the opportunity to rest.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## AT THE CCS

### *At the CCS*

The Battle of **Alamein** provided **1 NZ CCS** at **Gharbanyat** with the busiest period of its life, but the unit rose to the occasion. Surgeons, doctors, sisters, medical orderlies, stretcher-bearers, and cooks all gave of their best.

The CCS and the adjacent  $\frac{2}{3}$  Australian CCS and 10 British CCS received patients in rotation. The unit started receiving at 5 p.m. on 24 October, and within three hours over 300 cases had been admitted, most being seriously wounded. At half past eight a special evacuation by road to **Alexandria** cleared some of the wards and the unit was able to admit a further 70 casualties. No member of the staff will ever forget that first night. Every department was working at top pressure, all wards and annexes were congested, stretcher cases were everywhere. Special attention could be given only to the very seriously wounded, while for the others there was time only to see that they were as comfortable as possible and well covered with blankets. More than anything else, the wounded appreciated hot drinks, and the Padre ensured that all of them received **Red Cross** cigarettes and chocolate. Morphine gave relief to those in pain but shock and exhaustion brought instant sleep to most.

The next day, Sunday, a blockage on the railway line upset the evacuation of wounded, and patients had to be taken by road to the train at **Ikingi Maryut**. This caused a shortage of ambulances for a while and casualties accumulated. A further 300 cases came in during the day, so that by night the hospital was again full to capacity. Overnight a heavy rainstorm brought further problems when some of the tents leaked. No one had time to stop and make repairs. Next morning a strong wind quickly dried the ground, but then there was dust to contend with.

And so the busy period continued day after day. Admissions for the

ensuing week averaged over 200 daily. Extra tentage had now been erected, bringing the number of wards to ten. All the staff worked long hours. Some of the sisters and orderlies were often on duty over eighteen hours a day. The sisters were proud to be attending to battle casualties in the forward area. After such long hours on duty it was a great relief to get out of one's department and enjoy the fresh air while walking across for a quick meal at the cookhouse.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**PROVIDING ADSs for 5 and 6 Brigades, A Company, 5 Field Ambulance, and A Company, 6 Field Ambulance, passed through the gap on the evening and night of 4 November. During the morning HQ and B Companies of 6 Field Ambulance had moved up from their reserve position into the gap, ready to move forward in their role of mobile MDS for the Division. Around them was an amazing concentration of guns and transport, tanks and armoured cars. Guns were barking close by. After dark the unit moved out into the open desert in a night lit with flares and tracer.**

**Throughout the night the column moved westward from [Alamein](#), churning slowly through the soft sand. Along the skyline to the rear the flickering and rumbling of the battle continued, and to the north and west there was intermittent bombing and artillery fire. At daylight A Company, 6 Field Ambulance, moved on in desert formation behind 6 Brigade and travelled north-west until noon. Twenty patients, mostly casualties from encounters en route, were treated and evacuated to the MDS. The 5 Brigade ADS also admitted some wounded. <sup>1</sup>**

**Because of the heavy going, the original object of reaching [Fuka](#) in time to cut off the retreat of a section of the enemy was defeated. In thirteen laborious hours only 35 miles had been covered. Time and again vehicles had stuck, and the men had piled out and heaved and manhandled them through the soft sand, often axle-deep. While there was no bombing in the vicinity of the field ambulance, men were occasionally sent scurrying by German fighter-bombers that came roaring down over the column, while Bren guns and Bofors jabbered and coughed in deafening chorus.**

**Many prisoners were passed during the day. Some were walking, and others, more fortunate, were crowded into trucks. Late in the afternoon the cook's truck and water cart, which had been missing, rejoined the**

company much to everyone's relief, and conversation, which had been gloomily dwelling on the prospect of a diet of dry rations, switched to speculation on the fate of the Division moving on ahead, miles inside enemy territory.

HQ and B Companies, 6 Field Ambulance, drew up close behind A Company when the column halted for the night. The men were exhausted and bedded down without digging in. Huddled in their blankets, they lay around the trucks, and the only sounds to be heard were the calls of desert night birds and the tread of the sentries.

In the early hours of the 6th the weather was fine; the troops were stirred into life by reveille, played on a spandau. Congratulating themselves on having passed the night without incident, the men were startled by a burst of machine-gun fire and a stream of tracer from a group of vehicles moving off to the left. This fire was followed by anti-tank shells which ricocheted from rocks and went screaming overhead. The New Zealanders retaliated, and the situation showed every indication of developing into a really hot skirmish. However, the fire died away as suddenly as it had started. Direct hits had been scored on the German vehicles, killing and wounding some of the occupants. In this skirmish 100 Germans and 500 Italians were captured. Ambulance cars of A Company went out to investigate and returned with the wounded, who were treated and evacuated. One young, slightly wounded German, standing amid the mangled remains of his comrades, seemed grimly amused at the affair. He explained that they had slept alongside the New Zealanders all night, assuming them to be a German force.

HQ Company, in the meantime, was partially set up and began to receive patients at nine o'clock. During the morning 126 cases, some requiring blood transfusions, were treated and evacuated in ambulance cars.

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<sup>1</sup> While this account of the initial stages of the advance describes more particularly the events affecting 6 Fd Amb, the story can be taken as applying in substance to 5 ADS also.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## BOGGED NEAR SIDI HANEISH

### *Bogged Near Sidi Haneish*

Late in the morning rain began to fall, developing into a torrential downpour that continued until the desert, composed of a clayey type of sand, became a swamp. When, at 2 p.m., the two companies moved off, several trucks were immediately stuck. Men and vehicles struggled on until, in darkness, they were finally bogged. There was further heavy rain during the night. In the morning, with the assistance of artillery tractors and tanks, the trucks were extricated and moved a short distance to a point eight miles south of **Sidi Haneish**.

At 10 a.m. A Company, with 6 Brigade, passed through a gap in the minefields ahead, fanned out into desert formation, and moved forward until halted in deep mud and heavy rain. HQ and B Companies advanced on the following day (7 November) to a point one mile west of A Company. It rained intermittently all day and no further advance was possible. Farther west, the armour had been so badly bogged that it was unable to reach Mersa **Matruh** in time to cut off the retreating enemy. In the south, however, four Italian divisions, which had been abandoned without transport by the Germans, were cut off and rounded up by 13 Corps.

This day and night of enforced waiting was a period of acute discomfort for the troops, who huddled in the vehicles for shelter and slept in wet clothing, packed like sardines. Any man who stirred overmuch in his efforts to relieve cramped limbs was likely to receive a blistering round of abuse from his suffering comrades.

With fine weather on the 8th, the ground showed signs of drying out, and the advance continued. Many vehicles were stuck fast. A Company moved at 10 a.m. Most of the trucks had to be manhandled, the men struggling, over their boots in mud, to get them on to sufficiently hard

going. Conditions improved as the day passed; a point 15 miles south of Mersa **Matruh** was reached, where a halt was made for the night. HQ and B Companies, moving an hour or so after A Company, proceeded west along a telephone line, encountering similar difficulties.

On the 8th, and with 4 Light Armoured Brigade as a screen, the Division moved through the minefields south of **Matruh**. On the way to **Sidi Barrani**, strongpoints left by the enemy to delay the advance were quickly and decisively dealt with. The path of the advance was littered with burning vehicles and destroyed enemy equipment.

On the following day B Company relieved A Company and accompanied 6 Brigade to Mersa **Matruh**, where the ADS opened on the 10th and operated until the 20th. 5 Field Ambulance was also under command of 6 Brigade, which remained at Mersa **Matruh** while 5 Brigade continued the pursuit to the frontier.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## OVER HALFAYA PASS

### *Over Halfaya Pass*

**A Company, 6 Field Ambulance, rejoined HQ, and on the morning of the 9th the two companies moved behind 5 Brigade and made a slow trip through the minefield, later turning north to reach the main road in darkness and camp for the night.**

**At first light, in weather that was fine but which also had the chilly touch of approaching winter, the advance continued. The transport rolled on in an endless convoy stretching from skyline to skyline and far beyond. Just west of **Sidi Barrani**, during a long halt, the adjoining unit to the rear was strafed by a lone enemy fighter and one truck was left in flames.**

**About mid-afternoon there were signs of movement ahead. The troops, utterly weary of standing about, eagerly clambered aboard the trucks, and the convoy was in motion again. The Buqbuq turn-off was passed. Just beyond was the destination for the day, a flat area already crammed with transport, lying between the road and sea. As evening approached, everyone was startled by the sudden appearance of swarms of particularly voracious mosquitoes. It was impossible to sleep completely covered by blankets, and next day many faces were covered with bites.**

**That morning (11 November) A Company was ordered to move on ahead. It was rumoured that the forward troops had encountered stiff resistance and that an extra ADS was required. The company left the road and moved rapidly toward **Sollum**, in extended desert formation, across grey-green, herb-covered plains that sloped gently from the flat-topped escarpments to the white sand dunes of the beaches.**

**The escarpments and the beach gradually converged until the**



company moved on to the road and travelled in column to the foot of **Halfaya Pass**. Later HQ arrived, and the unit pulled off the road towards the beach, where, amidst a mass of closely congested traffic of all descriptions, the vehicles waited all day.

In a surprise attack just before dawn on 11 November, 110 men of 21 Battalion had captured **Halfaya Pass**, killing 70 of the enemy and taking 612 prisoners, at the cost of one man killed and one wounded.

With the Pass cleared, a continuous stream of tanks, guns, and trucks slowly threaded its way up the winding road. During the morning a few enemy aircraft appeared and bombed and strafed the traffic on the top of the pass. Throughout the day, parties of the erstwhile defenders of the pass marched through the waiting lines of transport, on the first stage of the road back to captivity. The unit was treated to the diverting, probably unique, sight of a column of prisoners guarded by two New Zealand infantrymen, who, disdaining to carry their own rifles, had compelled two of the prisoners to carry them.

The field ambulance pulled on to the road late in the afternoon, moved at 7 p.m., and slowly ascended the steep pass in darkness, spending the night at **Musaid**, six miles beyond the summit. On the following day (12 November), after travelling via **Capuzzo** to an area south of **Bardia**, the unit set up and opened the MDS.

In the course of the next few days the Division assembled in this area. Throughout the remainder of the month the Division as a whole was occupied with general re-equipping, reorganisation, and recreational training.

Fifth Field Ambulance did not move forward until 8 November, while 4 Field Ambulance continued to run a divisional rest station on the coast a few miles from El **Alamein** until 18 November, when it moved up the coast to **Bardia**, accompanied by 4 Field Hygiene Section, and again set up a rest station.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS MOVES UP TO GERAWLA

### *CCS Moves up to Gerawla*

When the CCS left **Gharbanyat** on the morning of 8 November there were already signs that this part of the desert was returning to normal. Smoke rose from the chimney of the gypsum factory, occasional trains passed up the long-disused railway line, while wandering Arabs and their camels once more appeared. The war was over for this region. A cold wind blowing in from the sea filtered sand over the theatre and ward sites where **1 NZ CCS** had played its part in the historic **Battle of Alamein**.

On the fully loaded trucks there was little room for comfortable travel. Some of the men contrived to lie down on mattresses, while others sat up behind the cab or clung on precariously to gaze at the relics of battle. Strewn along both sides of the road were burntout trucks, charabancs, staff cars, German and Italian planes, gutted tanks, and useless anti-aircraft guns. Shells, tins, and jerricans in scattered heaps told of hasty retreat. During long delays in the dense traffic, many explored wrecked cars and trucks. There was always the possibility of discovering a prize.

The convoy stayed overnight at **Fuka** and next day took nine hours to travel the 40 miles to **Gerawla**. Here, where wrecked vehicles were still smouldering, the unit opened on a site near to that occupied a year before by **2 General Hospital**. It erected nine wards and in the following week admitted 700 patients, mostly sick. From an Italian hospital at **Smugglers' Cove**, east of Mersa **Matruh**, several German field hospital tents with canvas floors were salvaged. Light and simple to erect, these tents added greatly to the mobility of the CCS. At **Gerawla** water had to be rationed and the men would queue up once a day for half a bottle each.

As they stood in the queues the men speculated about the future. British and American forces had landed in **Morocco** and **Algeria** and had advanced into **Tunisia**. What would be the fate of the enemy, what army would reach **Tripoli** first, and how far the CCS would travel were questions of the hour. The unit was to go farther than most men conjectured. The next step was a move up to **Tobruk**.

A strong wind was blowing when the convoy left **Gerawla** on 19 November, and in half an hour a thick dust-storm had developed. Visibility was reduced to a few yards, and travel at little more than a crawl was most uncomfortable. Sitting on top of the loaded vehicles, the men had no protection against the swirling sand and the keen, biting wind.

Skirting Mersa **Matruh** the trucks swung inland, following the main bitumen road past the airfield and through the deep perimeter defences. Soon the well-known desert corner, **Charing Cross**, was reached. Turning west here the road ran in a straight line for 80 miles. With absolutely no relieving features, the stony desert stretched flat as a table top to distant horizons.

After Sidi Barrani was passed next morning, the road became little more than a rough desert track twisting between barren hillocks. Water cans, buckets, and loose equipment rattled and clattered as the trucks jolted over the rough surface. Feeling anything but happy as these conditions continued for mile after mile, the men looked like ghosts in the clouds of white dust enveloping each vehicle. Then the heavily laden trucks slowly climbed **Halfaya Pass**. The going was better now. Soon the Wire was behind them and the CCS was in **Libya**. The rubble heap that had been **Fort Capuzzo** was passed, and an hour and a half later the buildings of **Bardia** showed up white against the blue sea. Near here was the New Zealand Division. The familiar fernleaf roadside signs of the various divisional units were left well behind before the day's trip was over.

**Gambut** was passed early next day and by mid-morning **Tobruk** was

**reached. The advanced party had already marked out the sites for the various departments. Much to everyone's delight a large quantity of mail, the first for several weeks, was waiting.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS AT TOBRUK

### *CCS at Tobruk*

The new site was on high ground five miles inland from the sea and eight miles by road from **Tobruk**. Burnt-out trucks, barbed wire, and other rusting debris were evidence of the early battles that had been fought on the outskirts of this important port. Rocky ground made it almost impossible to drive in tent pegs. However, no time was lost once the trucks were off-loaded—four hours after arrival most of the departments were set up. Seventy patients, the overflow from 15 British CCS nearby, were admitted by the middle of the afternoon. This unit, with its 6 a.m. bell-ringing, whistle-blasts, and calls of ‘Wakey! Wakey!’ which signalled reveille, will be well remembered.

The CCS was at **Tobruk** for nearly three weeks. Patients came by plane from **El Adem** and by road back from **Barce** and **Derna**. Medical units in the rear sent them forward. Contrary to the usual policy by which patients were sent on as soon as possible, they were now held pending evacuation by the hospital ship *Llandoverly Castle*, which sailed once a week for **Alexandria**. Under this system the bed-state at the end of each week far exceeded the normal 200-bed establishment. When the New Zealand Division moved from **Bardia**, patients received from the field ambulances brought the number held up to 470. Accommodation was heavily taxed and extra tents had to be erected.

Fortunately by this time the Light Section, under **Maj S. L. Wilson**, had returned and its staff was distributed among the various wards. The loss of a truck by fire had been one of the highlights of its experiences since being separated from the Heavy Section two months previously to perform surgery with the field ambulances.

In the last days of November the weather grew much cooler. Extra blankets, battle dress, and winter clothing were issued, and wards were

supplied with kerosene heaters. Tarpaulins were overhauled and repaired against rain. And it did rain at **Tobruk**. Strong winds blew in low cloud from the sea and there were heavy downpours. Large pools of water formed throughout the unit lines and many areas were muddy, but this did not deter the footballers.

There was little air activity at **Tobruk**, although on several nights enemy bombers appeared. The importance of the harbour could be judged by the concentrated ack-ack barrage sent up. The unit had a front-seat view of this spectacular display, and splinters often fell in its area. About a mile away across minefields lay the railhead of the single track from **Alexandria**. Against the possibility of raids on this target, some of the tents were sandbagged. It was disconcerting to imagine what might have happened when, a few days after the unit had moved farther forward, it was learned that a stick of bombs apparently intended for the railway had landed in the unit's lines.

Meals were good during this period in spite of the speed with which the Army had moved away from Base depots. 'Bully', however, appeared only too frequently. One day there was an issue of bread—a welcome change after weeks of hard biscuits. Water was again a problem as all the wells at **Tobruk** had been salted. For making drinks, washing, or for sterilising instruments, salt water was not ideal.

The front was now some hundreds of miles away. **Benghazi** was again in British hands, and practically all **Cyrenaica** was clear of the enemy. Forward elements of **Eighth Army** were probing at the **El Agheila** line. Back at **Tobruk** the CCS felt quite out of the picture. The Light Section staff, ambulance drivers, and patients brought back accounts of the green acres that were to be seen farther forward. Everyone was anxious to move away from the monotony of the area.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## DIVISION MOVES UP FROM BARDIA

### *Division Moves up from Bardia*

The Division, too, was eager to be on the move again. The region of flat desert at **Bardia**, without even an escarpment to break the monotonous horizon, had begun to pall; and the frequent heavy rain, combined with bitterly cold winds, had often made living conditions extremely unpleasant. Hence when the field ambulances, on instructions from the ADMS, began evacuating patients to **1 NZ CCS** at **Tobruk**, all ranks had one thought in mind— **Tripoli**; and they had their Army Commander's assurance that there would be no more of these annual trips to **Benghazi**.

The enemy position at **Agheila** was strong, flanked on the north by the sea and in the south by a desert of soft sand, and covered frontally by salt marshes. Out into the desert the Division was to make an outflanking movement, a 'left hook', coinciding with a frontal assault by British forces on the **Agheila** line. When it received its role it was still at **Bardia**, 350 miles from the front, but early on the morning of 4 December the force moved west and in three days crossed 356 miles of desert to an assembly area at **El Haseiat**, east of the **Agheila** position. All three field ambulances accompanied the Division, while 4 Field Hygiene Section and 1 Mobile Dental Unit remained near 1 CCS and moved with that unit to **Agedabia** on 8 December. When the CCS reached its new site near **Agedabia** three days later, the presence of the sisters so far forward was a surprise to wounded soldiers, some of whom had not seen white women for many months.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MEDICAL PREPARATIONS FOR THE LEFT HOOK

### *Medical Preparations for the Left Hook*

**At El Haseiat the Division made final preparations for its 300-mile sweep into the desert as a self-contained force without roads or supply lines. Petrol for 400 miles and food and water for eight days were loaded up, and the medical units made plans so that facilities for treatment were in no way impaired by the unusual nature of the operation. In a move of 300 miles or more, with no established lines of communication, the evacuation of patients was not practicable. Dressing stations and their surgical teams were to operate wherever necessary and to hold patients or carry them with the Division as conditions demanded. It was arranged that 5 and 6 Field Ambulances and 14 Light Field Ambulance (the medical unit of 4 Light Armoured Brigade, again under command) would move with the Division, as well as two complete surgical teams equipped with hospital beds and additional equipment for brain, chest, and abdominal surgery, and 2 NZ Field Transfusion Unit carrying full stocks of plasma and serum and 104 pints of fresh blood preserved in special refrigerators. All the medical units were equipped with wireless, ready to be summoned or moved quickly as the need arose. Large quantities of extra dressings, blankets and stretchers, and **Red Cross** supplies were also carried.**

**Twenty-five extra AFS cars were attached to the Division, and ten extra to 14 Light Field Ambulance, to build the total number to 75 so that mobility could be maintained even in spite of heavy casualties. In the event of complete isolation, the medical organisation, by using empty ASC trucks to carry the less serious cases, would have enabled many hundreds of patients to be treated and held or carried with the Division until the situation improved.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE LEFT HOOK

### *The Left Hook*

The whole Division moved forward at 7 a.m. on 13 December. The going was excellent for the greater part of the distance, the column sweeping rapidly over vast areas of smooth, firm sand. The surrounding country was grotesque. To a lone traveller it would have been overwhelming, and even soldiers, travelling by the thousand, were not insensible to its influence. To the north of the route lay a series of isolated hills of bare, smooth rock, and far away to the south could be seen a considerable range of jagged mountains that glowed red, like mounds of embers, in the sunset. As night fell conditions deteriorated, the flat surface giving way to the difficult going of Chrystal's Rift, which was negotiated in darkness.

A heavy fog blanketed the landscape in the early hours of the 14th. The men were informed that news had been received that the Germans were retiring from the **El Agheila** positions. The Division was to press on with all possible speed.

The desert was rough and progress was slow. The long column moved, with frequent halts, all through the day, carrying on until 11.30 p.m., when a halt was made for the night, the unit camping on the **Marada Track**. The going was good on the 15th. One halt was made among pools of clear water left in depressions in the hard ground by recent rains—long enough for many of the men to bathe and wash clothing.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## IN ACTION

### *In Action*

**During 15 December the Division got behind the enemy. Its task was to destroy any trapped enemy forces, and while 6 Brigade, with an ADS, moved north to cut the main road, 5 Brigade formed a line farther south, facing east, to prevent a withdrawal by the considerable force of Germans still east of the brigade position. There was, however, a wide gap between the two brigades which could not be filled.**

**Sixth Field Ambulance halted for the night behind 5 Brigade's positions on a low ridge. Next morning no one seemed to have any idea of what was happening, and most of the ambulance men waited around their trucks in mingled uncertainty and boredom. Others resorted to the New Zealander's one unfailing pastime: the thud of boots against leather began to be heard and footballs sailed from group to group. The 25-pounders nearby opened fire. Machine guns opened up also and sounds of firing came from the east, appearing to grow closer. Then enemy gunners began to reply to the 25-pounders. Shells landed at the foot of the ridge, working back until they were raising fountains of earth amongst the transport on the crest. The position was becoming uncomfortable. Moving off the ridge, 6 Field Ambulance withdrew to a flat sandy area about a mile back and halted. Here the tarpaulin shelters were set up to receive casualties.**

**To the north 6 Brigade was in action. The troops made their first contact with the enemy during the evening of the 15th, when a carrier patrol, some 1000 yards ahead of the column, encountered a German position south of the road. The patrol was thrown into some confusion by mortar and anti-tank fire. The strength of the enemy was not discovered, but it was decided to attack the position. B Company, 6 Field Ambulance, under Maj Duncan, retired some distance under mortar fire and set up the ADS in a small valley. It was an unpleasant situation. At**

**intervals throughout the night, bombs fell close to the ADS. The sound of enemy transport retreating along the road could be plainly heard.**

**A few casualties were admitted and treated during the night and more were brought in after dawn. Evacuation was risky, as between 6 Brigade and the 5 Brigade position where 6 MDS was located there was a ten-mile gap, through which many of the enemy could not be prevented from making their escape. During the morning Lt-Col Furkert attempted to reach 6 ADS but was confronted with retiring German forces. A retreating enemy column captured an ambulance car driven by AFS driver Charlie Perkins, with his orderly and three patients. Driver Perkins could have escaped by making a dash for it, as it was unlikely that the Germans would fire on a **Red Cross** vehicle. However, the unavoidable jolting would have endangered the lives of his patients and he was obliged to submit to capture. Early in the afternoon Lt-Col Furkert reached the ADS and an unavailing search was made for the missing ambulance.**

**The 16th was a hard day for 6 MDS. On the 15th, 5 Field Ambulance was in reserve with Divisional Administration Group, some ten miles to the east. Because of the risk of enemy columns breaking through to the south at this point, the group was moved a further ten miles east during the night, with the result that throughout the action all cases were evacuated to, treated, and held by 6 Field Ambulance.**

**Battle casualties and sick began to arrive in the morning, and by afternoon the tarpaulin shelters were full to capacity. Orderlies of HQ and A Companies worked throughout the day and night; the unit operating team, with two operating tables continuously in use, and the attached surgical team both worked until midnight. Minefields and impassable country prevented ambulance cars reaching the road. Hence it was decided to detach A Company, with six ambulance cars and four ASC trucks, to carry the patients back by the desert route, south and east, and then north along the **Marada Track** to **El Agheila**. The MDS was closed at first light on the 17th, patients were loaded and sent away**

**and equipment packed, and at 11 a.m. HQ moved to join the Division, which by this time was proceeding west towards Nofilia.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ON TO NOFILIA

### *On to Nofilia*

By dawn on the 16th 6 Brigade had patrols on the main road. Very few of the enemy now remained to the east, and at 3.10 p.m. instructions were received to rejoin the Division. B Company, 6 Field Ambulance, moved westward behind the brigade, opening an ADS in an area south-west of **Nofilia**. On the 19th the brigade moved to an extensive area near the **Via Balbia**, and the ADS was established on the south side of the road, Kilo 7, west of **Nofilia**. (Opened in 1937, this road ran from **Tripoli** right through the Italian colonies in North Africa to the Egyptian border.)

Meanwhile, on the 17th, HQ Company moved with the Division toward **Nofilia**, where the Scots Greys were in contact with the enemy. There was a hold-up for a time after midday when the armour went into action. The field ambulance halted and the men watched shells bursting in front of them, while occasional anti-tank shells, overs from the tank battle ahead, whistled past and thudded into the ground.

At nightfall casualties began to come back. The MDS was set up, and theatre staff and nursing orderlies worked almost without pause until 3 a.m. During the morning of the 18th, however, work slackened off somewhat. There had been 39 admissions, including three cases with brain lesions which were operated on satisfactorily despite unfavourable conditions. Most of the others were men from the Scots Greys with severe burns—their regiment was operating Sherman tanks with 4 Light Armoured Brigade.

The stream of casualties continued intermittently throughout the day, another 55 being admitted. 6 MDS was by this time holding 88 patients, seven having been discharged. Because of the long lines of communication, the roughness of the country, and the serious condition

of many of the casualties, evacuation was extremely difficult. On the 19th a further 22 were admitted, 20 of them being held, bringing the total number up to 108 and seriously taxing the resources of the MDS. To the difficulty of evacuation was added the corresponding difficulty of bringing up supplies, and rations, both of food and water, were becoming short. However, on the 19th engineers began to bulldoze an ambulance track, along a route reconnoitred by Lt-Col Furkert, through to **Nofilia** to the north-east, the enemy having evacuated the town the day before.

A Company, 6 Field Ambulance, rejoined the MDS on the 20th. It was the first convoy to move over the **Via Balbia** in that region, the advance along the coastal strip not having gone beyond **Marble Arch**. After cautiously negotiating the narrow cleared lanes through the mine-strewn areas surrounding the demolished bridges and culverts, the company turned south at a point west of the **Nofilia** turn-off and drove inland, over wild, switchback desert, to the MDS.

By 21 December the track to **Nofilia** was completed and the main road and airfield cleared of mines and booby traps. All the patients, with the exception of 14 serious cases who, with a medical officer, were flown direct from **Nofilia**, were sent by road to 4 Field Ambulance, which was acting as Corps MDS near **Marble Arch**. One company of the unit worked at **Marble Arch** airfield as an air evacuation centre. From the aerodrome all patients were flown back to **El Adem** by transport planes returning there after bringing up supplies. This was a more or less impromptu arrangement by 4 Field Ambulance and, with the ready co-operation of the pilots, it worked most satisfactorily, resulting in the evacuation of 253 patients in six days. Six bombs were dropped in the MDS area one night, but although vehicles and tents were damaged, no one was injured.

The Division then concentrated near **Nofilia**. 6 Field Ambulance went into reserve in a pleasant area on the seaward side of the **Via Balbia**, and 5 Field Ambulance set up an MDS near the beach, where it was joined by 4 Field Hygiene Section. The prospect of working again as an MDS pleased all ranks of 5 Field Ambulance, as, except for a few days

at **Tobruk**, the unit had been living in and out of its trucks during the advance.

Thus the first of the Division's left hooks had been slammed home, and although, unfortunately, it had not been a knock-out blow, it had helped to force the enemy out of the **Agheila** line without prolonged resistance. During the whole operation the medical units had provided service of an extremely high order.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE DIVISION NEAR NOFILIA

### *The Division near Nofilia*

For the rest of December the Division was occupied in recreation and training near **Nofilia**. The weather was fine, and the medical units that were closed indulged in a period of pleasant relaxation. There were, as always, varying interpretations of the word relaxation. Some took it literally; others relaxed on the football field. The tenniquoits enthusiasts made courts and organised tournaments. Though the water was rather cold for swimming, many of the hardier spirits bathed among the piled slabs of rock of which the beach was composed.

Others occupied themselves in other ways. In 6 Field Ambulance a sergeant was seen squatting outside his bivvy, oblivious to everything but a block of white sandstone from which he was carving a head with his jack-knife. The idea took on, and within a short time heads, feet, clenched fists, and various other parts of the human anatomy, all carved from the same material, were to be seen lying about the area. No doubt they have since been picked up and examined by more than one puzzled bedouin.

Water was practically the only source of complaint at this time. Drawn from local wells, it was brackish and almost undrinkable, and as it curdled milk, decent tea was out of the question.

The arrangements for Christmas Day astonished everyone. It had been thought that it would be impossible to have Christmas fare and parcels up to the units in time. However, everything arrived in abundance. The Division was a thousand miles from its base after a rapid advance; nevertheless, a huge consignment of Christmas mail and parcels was distributed on 24 December.

The 25th was a fine, bright day. The medical units held the midday



meal in the tarpaulin shelters, and officers and sergeants, in the traditionally happy fashion, moved among the tables serving soup, poultry, and plum pudding. A bottle of beer and fifty cigarettes were issued to each man, and the cooks received an ovation that they more than deserved. There was not much movement during the afternoon. Everyone was enjoying that pleasant torpor that comes of a really well-filled stomach. The evening meal was equally satisfying, consisting of roast pork and apple sauce, fruit salad and cream, and iced Christmas cake. He was a most unimaginative man who did not wonder how it had been done.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS AT SIRTE AND TAMET

### *CCS at Sirte and Tamet*

On New Year's Day the CCS at **Agedabia** packed equipment and loaded trucks again, and early next morning its convoy began a move of 250 miles along the **Via Balbia**. Culverts and lengths of causeway dynamited by the enemy forced many dusty detours.

Next morning a particularly unpleasant dust-storm was encountered near the divisional area at **Nofilia**. The CCS's new area, a few miles east of **Sirte**, was reached by mid-afternoon. Each vehicle drove to a pre-selected site and was unloaded by its passengers. In these moves the unit's own trucks carried ward equipment, and when once off-loaded each truck remained at the site. Where the ward consisted of a tarpaulin-type tent, this was attached to the vehicle's canopy so that the truck actually became part of the ward. At this location a new style of unit layout was adopted since Army had ordered that even greater dispersal be observed. Wards and departments were set out in a circle over a mile in circumference. A road was formed round this for the use of ambulances. The hospital kitchen and theatres were in the centre, and food kept in hot-boxes was delivered by truck to each ward at meal-times.

This new area was like some large garden lavishly strewn with wild flowers. Night-scented stock, mignonette, marigolds, linarias, and many others grew in profusion. This pale-coloured mass of bloom stretched in long undulations as far as the eye could see. The night winds sweeping across the lonely expanses were richly laden with the scent of stock. The CCS had this locality all to itself and there was little sign of other military life.

The unit was only nine days at **Sirte** before it moved 40 miles ahead to a site near **Tamet** airfield, which was being used as the air evacuation

centre instead of the landing ground at **Sirte**. By 14 January the CCS was functioning fully at **Tamet**.

Enemy aircraft were active for a few nights, and for the first time some of the CCS staff decided it was wise to dig slit trenches. On the ground and on the tents Red Crosses were prominently displayed, but some of the staff were not too sure of the protection these might give. In bright moonlight the tents stood out very clearly and must have presented a sizeable target from the air. Several times aircraft dived low over the area to drop bombs on targets a short distance off. Attacks on **Tamet** airfield were frequent, and often during the night a sharp rat-tat-tat heralded the approach of a strafing enemy plane. Because of these raids the airfield did not become a terminus for air supplies, and air evacuation of patients was therefore limited.

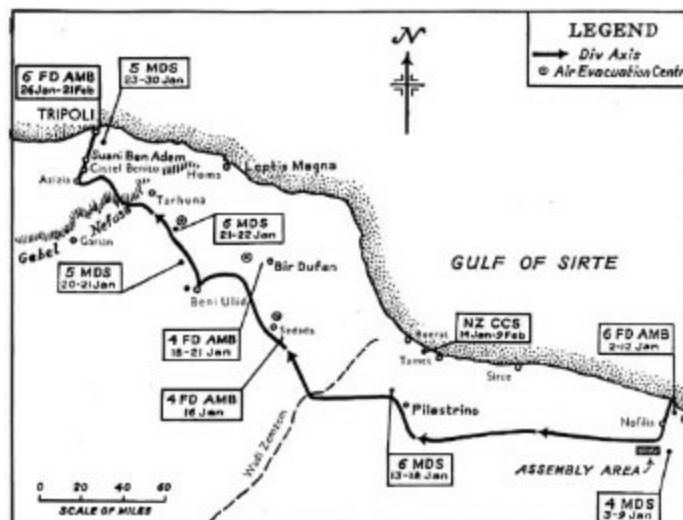
# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ANOTHER LEFT HOOK

### *Another Left Hook*

From El Agheila the enemy had gone back 200 miles to a defence line near **Buerat**. Early in January 1943 preparations by 2 NZ Division for another left hook were completed on the same pattern as for the **Agheila** operation, vehicles being loaded with water, petrol, ammunition, and food for eleven days. On 3 January the Division concentrated in the desert south of **Nofilia** and grouped for the next advance, while 5 Brigade moved up near to Wadi **Tamet** to prepare a new landing ground for the Desert Air Force. Here on 5 January an enemy air raid resulted in ten being killed and 30 wounded. The casualties were treated by B Company, 5 Field Ambulance, ADS to the brigade, surgery being performed by **2 Field Surgical Unit** attached to 151 Light Field Ambulance, two miles away. When the Desert Air Force moved up to the landing ground a few days later, enemy dive-bombers and fighters, which had been dominating the forward area, were soon driven back by Spitfire squadrons.

Then, on 12 January, 2 NZ Division moved forward to Wadi **Tamet** to lie up in broken country, with all vehicles camouflaged.



*Advance to Tripoli*  
*Advance to Tripoli*

Medical arrangements for the final advance to **Tripoli** were similar to those for the **Agheila** operation. This time 4 and 5 Field Ambulances accompanied the Division, and 6 Field Ambulance served as a Corps MDS. The advance began on the afternoon of the 14th. At first light on the 15th the Division was in contact with the enemy, as also were 7 Armoured Division and 51 (Highland) Division to the north. Following an armoured screen, 6 Brigade, which was the leading formation, probed the approaches to **Wadi Zemzem**. With the brigade was A Company, 6 Field Ambulance, under Maj R. A. Elliott, but casualties were few; for the ADS the most eventful part of the day was when enemy guns landed shells among the ADS vehicles while trying to hit a nearby battery.

In the evening the company moved forward and down a defile into the wide bed of **Wadi Zemzem**, where it halted for the night. There was continuous firing ahead, and salvos of heavy shells were landing close by, sending up clouds of dust and debris. Occasionally shells, evidently armour-piercing, whistled past and landed without exploding.

Progress was slow on the 16th and confined to short moves between long halts, with the sound of tank fighting ahead where the Divisional Cavalry and the Scots Greys were meeting stubborn resistance on the escarpment south of **Sedada**. About 5 p.m. enemy aircraft bombed the column in front, leaving a number of vehicles ablaze, and working back strafed the stationary transport to the left of A Company. From this raid the company received about a dozen casualties, who were treated and evacuated. The advance was delayed on the 17th. The escarpment was cleared, but the road down to **Sedada** was blown up and made impassable. All morning, while an alternative route down a defile was reconnoitred and engineers cleared the mines, A Company waited behind 6 Brigade, finally moving forward in single file until ten miles past **Sedada**. Again the leading elements of the column were bombed and a number of severe casualties brought back.

Movement continued slowly and with difficulty on the 18th and 19th, the ground becoming rough and stony. The transport bumped and

jolted over protruding edges of eroded rock strata, with engineers working ahead clearing anti-tank mines, S-mines, and booby traps. Forward elements encountered a formidable escarpment north of **Beni Ulid**, and there was a delay for the whole afternoon of the 19th while a negotiable route was reconnoitred.

At nine o'clock 6 Brigade was given the task of proceeding through **Beni Ulid** up the main road to **Tarhuna**. The road was thickly planted with mines, and the ADS, moving slowly toward the Arab town, received word that the engineers had mine casualties ahead. As the road was packed with transport, Capt J. L. **Wright**<sup>2</sup> went on with ambulance cars and blood. He treated the casualties and held them on the roadside until the company passed in convoy at ten o'clock. The casualties were carried forward in the ambulance cars until, two hours later, a halt was made 20 miles past **Beni Ulid**. The edges of the road had not been cleared of mines, and as it was impossible to evacuate the wounded back against the stream of traffic, the shelters were erected and medical officers and orderlies worked until 3 a.m. applying splints and plaster bandages.

Evacuation still presented some difficulty in the morning, as it was discovered that the 5 Field Ambulance MDS, to which the ADS had been evacuating, had passed through with 5 Brigade during the night, that brigade having taken the lead. Finally, the casualties were sent to 4 Field Ambulance, which was handling air evacuation at **Sedada** airfield.

There followed two days of slow going, with long delays as the forward troops picked their way through the rough country. Movement at night required particular care, as even in bright moonlight it was difficult to distinguish the edges of the many steep-sided wadis. Drivers would suddenly become aware of other vehicles immediately below on some wadi floor. The Division passed to the south and west of **Tarhuna**, following on the heels of the enemy toward the **Garian-Tripoli** road. The heights of the **Gebel Nefusa** loomed ahead, smudged with clouds of dust where the **RAF** bombed the columns retreating through the passes.

The bombing was continued throughout the night. On the following

morning, the 22nd, the company moved on to the **Tarhuna- Garian** road that led westward through the hills, past **Tazzoli**, a small colonial settlement, where the troops had their first glimpse of Italian civilians. The road wound around hillsides and through valleys, and the column, now in single file, moved slowly west and then north-west, onto the coastal plain and the **Azizia** road. The Division poured onto the plains to the south of **Tripoli** on 22 January, by which date two other **Eighth Army** spearheads were almost the same distance from the city. In face of these combined threats the enemy withdrew from **Azizia** on the night of 22-23 January, and the next day an endless stream of vehicles began to roll into **Tripoli**.

In a series of leap-frogging movements, the medical units maintained a chain of evacuation during the left hook, and air evacuation units worked from **Bir Dufan**, **Tarhuna** and **Sedada** landing grounds. Wounded were evacuated by air within a few hours of the advanced units reaching the landing grounds, and the dangers of ambulance car evacuation over rough country on this 200-mile journey were avoided. Between 17 and 24 January 337 patients were flown out. Where patients were not fit for air evacuation immediately, detachments of medical units remained to nurse them while the main bodies moved ahead to form further staging posts. An abundance of ambulance cars, with short runs between staging posts, and the proximity of airfields made evacuation very easy indeed. Wireless played an invaluable part in the smoothness of these operations, although casualties were light as the enemy did not stay to fight.

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<sup>2</sup> **Lt-Col J. L. Wright**, m.i.d.; born Dunedin, 19 May 1915; Medical Practitioner, Dunedin Hospital; Medical Officer RNZAF Oct 1940-Jun 1941; 2 Gen Hosp Sep 1941-Jan 1942; 6 Fd Amb Jan 1942-Dec 1944; 3 Gen Hosp Dec 1944-Aug 1945; SMO Maadi Camp Aug-Dec 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HOSPITAL IN TRIPOLI

### *Hospital in Tripoli*

On 25 January it was decided that 6 Field Ambulance MDS, under Lt-Col Furkert, and 8 South African CCS should operate a general hospital in **Tripoli**, pending the arrival of a British general hospital unit. On the 26th the MDS occupied the northern wing of the modern, well-appointed building of **Caneva Hospital**, standing about one mile from the Benito Gate, the western entrance to **Tripoli**. Because of chaotic conditions in the town, electricity was available for only four hours daily, and the operating theatre and corridors were wired from the unit's lighting plant; the water supply, also inadequate, was augmented by a relay of buckets from the water cart. By 3 p.m. 50 patients had been admitted to the 6 Field Ambulance wing, and on the 27th the number rose to 120. The unit was working extremely well and giving full general hospital treatment. In addition, one of the tarpaulin shelters was erected outside the gates, with equipment and a detachment of orderlies, to deal with the sick parades of adjacent units. More beds were procured from **Tripoli** on the 29th, bringing the available accommodation of the wing up to 208 beds, 170 of which were occupied within two days.

Several English nursing sisters were attached during this period. Accustomed to working with orderlies of hospital units who, generally speaking, have little opportunity to carry out treatment, they were frankly astonished at the manner in which the orderlies of the New Zealand field ambulance took over the work of the hospital, carrying out the instructions of the medical officers without difficulty. Members of the original staff, Italian sisters of a religious order, were also in occupation, and all members of the unit warmly appreciated their willing service in operating the laundry and performing general tasks about the buildings.





*Christmas Dinner, 1942, for 5 Field Ambulance, Noflia*

***Christmas Dinner, 1942, for 5 Field Ambulance, Noflia***

*New Zealand Sisters at 1 CCS, Cyrenaica*



***New Zealand Sisters at 1 CCS, Cyrenaica***



*1 CCS in wild flowers at Sirte*

***1 CCS in wild flowers at Sirte***



*Patients and staff gather for open-air concert at 3 NZ General Hospital, **Suani Ben Adem, Tripoli***

Perhaps the outstanding feature of life at Caneva was the almost nightly anti-aircraft barrage. **Tripoli** and the surrounding countryside bristled with guns, which filled the night with frenzy and pandemonium and plastered the sky with shellbursts. The blast from a battery immediately behind the hospital shattered one window after another.

The hospital was kept busy. At one stage 233 beds were occupied in the 6 Field Ambulance wing. On 20 February most of the patients were evacuated by hospital ship, but there was a general feeling of relief when 48 British General Hospital took over next day.

In the divisional area on the outskirts of **Tripoli** 5 Field Ambulance, under Lt-Col McQuilkin, opened an MDS on 23 January and was relieved by 4 MDS, under Lt-Col King, on the 30th. It was a beautiful, peaceful region of vineyards and olive and almond groves, sheltered by windbreaks of tall gums. Alas, the peace was soon to be shattered. Across the road from the field ambulance area was a vintnery, with a vat as big as a standard army hut, full of potent red wine. From the moment of its discovery the North African nights lost their elusive air of romance and were rent by catcalls and wild Bacchanalian choruses.

Mr. Churchill visited **Tripoli** on 4 February, and members of 6 Field Ambulance at **Caneva Hospital** helped to line the road along which he

**drove to HQ 30 Corps. In the afternoon, medical units in 2 NZ Division's area took part in a divisional parade reviewed by the Prime Minister. The parade was an impressive spectacle. The Division passed the saluting base in columns of twelve, marching to the pipes of 51 (Highland) Division, followed by the armour and guns.**

**While at Caneva Hospital it had been a simple matter for the men of 6 Field Ambulance to stroll in to Tripoli through the Benito Gate whenever they were off duty. But beyond an attractive waterfront, with a number of fine buildings and a variety of palm trees, Tripoli had little to offer. Practically the only things for sale were shoddy, worthless souvenirs at exorbitant prices, and oranges; and, as one soldier was heard to observe, after eating a Tripoli orange it was advisable to suck a green lime to sweeten the mouth.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## FIELD HYGIENE SECTION

### *Field Hygiene Section*

**In Tripoli the Field Hygiene Section had a great deal of work to do. Restaurants, barbers' shops, and billets all had to be inspected. Water and sewerage services had been damaged by bombing, and this added to the difficulties as water had to be brought into the town from outlying wells and tested before use. The language barrier was troublesome at first, the Italian municipal authorities being unco-operative, and blocked drains had to be traced without their assistance. But soon sanitation was under control. The unit continued to run its Italian mobile shower acquired at Tobruk, and hundreds of troops each day enjoyed the luxury of a hot shower.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS MOVES UP TO ZUARA

### *CCS Moves up to Zuara*

The CCS moved from **Tamet** on 9 February to an area west of **Tripoli**. Chest and abdominal cases were left in the care of a nursing team until their evacuation by air could be arranged. The journey was the most interesting the staff had had since leaving **Syria** and was in direct contrast to previous trips through Egypt and **Libya**. The road was bad until after **Buerat**, but northwards from there a modern bitumen highway made travelling comfortable. Again signs of civilisation appeared, and soon the convoy had entered a richly cultivated belt. Palm trees grew in profusion, rising tall above green, fertile acres. Wells were amazingly plentiful. Cactus fences and fig trees reminded one of **Palestine**.

**Leptis Magna** was the camping spot for the night. No sooner had the trucks stopped than dozens of local egg-vendors appeared as if by magic. Tea and sugar only were accepted in exchange. Even heavy rain in the evening did not discourage those hopeful of trade. The famous ruins of **Leptis Magna** were only a few minutes' walk from the camping area, and many took the opportunity to visit them.

**Homs**, a walled coastal town, was passed next morning, and from here the way lay through hilly country. Miles of anti-tank ditches could be seen but all had apparently been a waste of time. By now the belt of palms had been left behind and neat fruit farms appeared. Cypress trees bordered the road, while twin rows of these graceful evergreens in many places marked an avenue leading to a neat white farmhouse. Peach, apricot, plum and almond trees were in blossom, providing a pretty and welcome spring scene after the months spent in barren surroundings. Soon the road led along cliffs bordering the sea. In the distance silver barrage balloons glittered in the sky above the port of **Tripoli**.

A stop was made for roadside lunch in an avenue of tall eucalyptus trees five kilometres from **Tripoli**. The town was by-passed, however, as the convoy travelled west along the coast road, through Zavia and Sorman to **Sabratha**. The original arrangement had been that the unit would set up here in the hospital section of a former Italian barracks. Now plans were changed. The main section of the CCS was to continue on a further 25 miles to **Zuara**. The CCS surgical team was withdrawn from the New Zealand Division and, joined by the advanced party from **Tamet**, was to act as a Light Section at **Sabratha**. Minor casualties were to be handled there.

As the main party continued on along the coast, the country again changed. Fertile acres gave place to swampy land studded with palms. These in turn thinned out until the scene was a semidesert one, with clusters of trees around oases. **Zuara** was reached by mid-afternoon, the distance travelled from **Tamet** having been 340 miles. The unit's function here was to receive casualties from **Eighth Army** during the advance on **Ben Gardane**. The sisters did the journey by staff car, staging three nights with 8 South African CCS in **Tripoli**.

At **Zuara**, for the first time since **Zahle**, in the Lebanon, the unit had the use of a building. Situated on the fringe of this small coastal town, the building had originally been an Italian hospital and more recently had been used as enemy barracks. Much cleaning was required before it could be used to hold sick and wounded. The spacious rooms were ideal for the CCS wards, but it was found more convenient to set up the theatre and pre-operative ward in tents in a walled compound at the rear.

All around were places likely to receive attention from hostile aircraft. The area bordered a corner of the main highway, along which there was a great volume of military traffic day and night. Half a mile to the north was a small harbour which, although full of sunken fishing vessels, was being cleared by engineers. The railroad passed close by to the south. Two kilometres away was the railhead and ammunition dump,

and a short distance south-west was a forward fighter airfield. It was no wonder that minds were not always tranquil when aircraft droned overhead at night.

Admissions here were not heavy, but they brought the number handled by the unit since leaving **Cairo** up to 10,000, including those treated by the Light Section. Evacuations were made daily by road to **Tripoli**; later, a few were sent by air. When returning from the forward areas with accommodation available, the ambulance plane would circle over the unit area. If there were patients ready for evacuation a Very-light signal was fired by Reception. The aircraft would then drop a message giving details of the room available and would land at the nearby airfield. Patients were despatched immediately by duty ambulance car.

In off-duty hours the staff again found relaxation in sport. On hard mud-flats opposite the hospital, a tennis court was marked out and camouflage netting was used as a net. Soccer, too, was played on these extensive mud-flats. Some of the men preferred walking, while others were able to go boating on the small harbour. All ranks had an opportunity of visiting **Tripoli**. Only a few hours could be spent there, however, as it was a 70-mile trip each way. The days were becoming longer, although for the most part cold weather prevailed. Frequent winds blowing in strongly from the **Mediterranean** tried the tempers of the tent dwellers.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY



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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**AFTER** three years of fighting that had swept to and fro over a thousand miles of desert, **Cyrenaica** and **Tripolitania** were completely occupied and the enemy driven back to **Tunisia**. With **Tripoli** harbour in use, supplies were rapidly brought forward, and by the end of February 1943 **Eighth Army** was ready to resume the offensive. In Tunisia Rommel had linked up with Von Arnim, who through the winter had been fighting off the British and American forces that had advanced from the west.

While other formations of **Eighth Army** pressed along the coast, the New Zealand Division rested and reorganised outside **Tripoli**. There were changes of command in the Medical Corps. In February Col Ardagh was appointed DDMS 30 Corps, with the rank of Brigadier. He was succeeded as ADMS 2 NZ Division by Col Furkert, who in turn was succeeded as CO 6 Field Ambulance by Lt-Col Fisher.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS CROSSES INTO TUNISIA

### *CCS Crosses into Tunisia*

The CCS spent three weeks at **Zuara** before moving on again on 26 February to cross the border into **Tunisia**. The unit's hospital was handed over to South Africans and the men then packed equipment on trucks lent by 15 British CCS. They were old hands at travelling by now. Usually bedding or tentage was packed on top of the load, and on this the travellers would lounge and sleep as the miles passed by. Ration boxes and water tins were always the last to go on. The inner man was well looked after even if the convoy stopped for only ten minutes.

After passing **Ben Gardane**—a small Arab town having as a particular feature tunnel-shaped dwellings joined together like a row of dog kennels—the trucks traversed a really atrocious road. Deep ruts and dust from passing tank-transporters frayed tempers and nerves. Everyone was tired out when the destination was reached, but the unit had to set up immediately.

The area, just off the main road and 23 kilometres from **Medenine**, was undulating, rocky in some parts, and in others deep in fine, powdery sand. Winds were again a source of annoyance, but fortunately stunted vegetation prevented any large-scale duststorms. The nine wards and other departments were well dispersed as usual. This scattered layout always caused extra work in the running of power-lines to all tents and the maintenance of the two generators. It was never possible to have the departments in the same relative position, so that a new plan of wiring had to be arranged at each location. Theatres and the pre-operative ward had priority, but two days' work was necessary to wire the whole unit completely. Salvaged German cable proved very useful. At **Alamein** the power motors had generated continuously for long periods—once for seven days—but in this advanced position they could run for only the minimum time because of the shortage of petrol.

Since passing **Tripoli** the CCS had been the most advanced New Zealand unit and the most forward casualty clearing station. Now it was considered to be too far forward as there was a possibility that the enemy armour might break through and **Medenine** become a battleground.

At the end of February Rommel began concentrating his armour at **Mareth**. The danger to the advanced forces of **Eighth Army** became apparent. Immediate reinforcements were required and 2 NZ Division was called forward. It was an emergency move and a very fast one. Orders were received on 1 March. That day the first column was on the move, and 48 hours later the entire force had completed the 180 miles over a single road, had dug in, and was ready to defend its sector of the line. A new phase in the North African campaign was about to begin.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE MARETH LINE

### *The Mareth Line*

**The Mareth Line, known as the ‘African Maginot’ was a formidable position. The defensive zone stretched from **Zarat** on the Gulf of **Gabes** to **Ben Khradache** in the **Matmata Hills**, and was originally built by French military engineers. It was a series of fortifications in depth which included permanent anti-tank obstacles and concrete emplacements. The whole position was served by a system of military roads which allowed quick movement for mobile reserves. The coast north of the line was unsuitable for landings, and to the south there was rough and difficult country.**

**It was from this base that Rommel launched his last attack in **Africa**. He had concentrated his two infantry divisions (90 Light and 164) and the panzer divisions of the **Afrika Korps** (15 and 21), and 10 Panzer Division had come down from the north. In addition, he had Italian infantry formations.**

**Facing these forces were 51 (Highland) Division on the coast, 7 Armoured Division, then 2 NZ Division with 5 Brigade forward and 4 Light Armoured Brigade as a mobile force, and 6 Brigade deployed in the rear. Their defences were arranged as at **Alam Halfa**—defence in depth with artillery and anti-tank guns deployed and tanks ready to move to pre-arranged positions when the direction of the attack became clear.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MEDICAL UNITS IN BATTLE OF MEDENINE

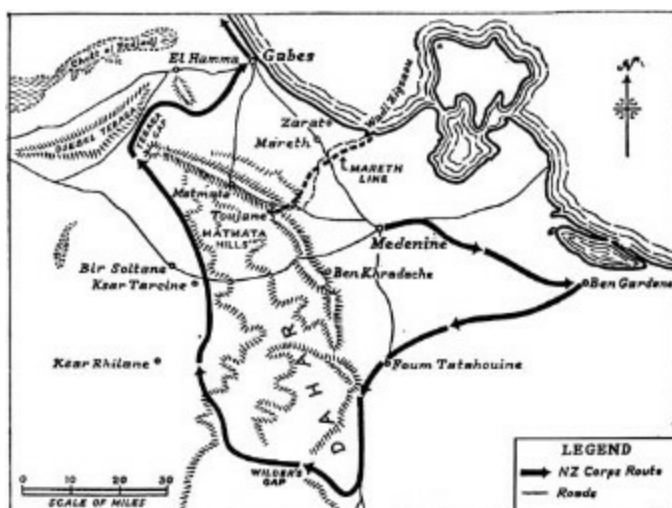
### *Medical Units in Battle of Medenine*

When the Division moved up on 1 March both 5 and 6 Brigades had their ADSs with them, and 5 Field Ambulance opened an MDS close to the town of **Medenine**. To the MDS were attached Maj Bridge's surgical team and 2 FTU under Capt **Powles**.<sup>1</sup> With Rear 2 NZ Division some 30 miles back towards **Ben Gardane** were 4 and 6 Field Ambulances and 4 Field Hygiene Section. On the road midway between **Medenine** and **Ben Gardane**, 1 CCS was situated, but as there was a threat of attack on the lines of communication behind **Medenine** General **Freyberg** advised DDMS 30 Corps to move the Heavy Section of the CCS, including the sisters, to a safer position some 20 miles to the east. For the same reason, 5 Field Ambulance had been sited at **Medenine** within the fortified perimeter, which was rather more forward than usual, being within half a mile of 6 ADS and four miles of 5 ADS.

The enemy began the expected attack at first light on 6 March. 5 Brigade knocked out several enemy tanks early in the action. The enemy heavily shelled Main Divisional HQ area, which was about one mile ahead of 5 MDS. Air activity increased and Me109s operated so close that most of the personnel of the field ambulance had their first experience of watching the four bombs drop away from each plane as it dived on its objective. Enemy aircraft exploited the cloudy conditions and sneaked in from time to time, notwithstanding the superiority of the Allied Air Force. Very few casualties were reaching the MDS, those received being mostly prisoners of war. It was unusual to get them in before our own casualties and this was an indication that the battle was going well.

The battle continued during the whole day, but the New Zealand casualties received numbered no more than seven or eight. By the end of the day the enemy had nothing to show for his costly offensive except

many dead and wounded and 52 knocked-out tanks. Rommel accepted the reverse and during the night withdrew his battered forces to the **Mareth** defences. Throughout the night our artillery maintained their heavy fire. Next day fierce air battles took place, and from one dogfight a Macchi 202 was shot down almost within the field ambulance lines. There was a raid by eight Me109s and many bombs were dropped close by, but it was fairly obvious that the planes were avoiding the ambulance area. Red Crosses were displayed prominently on the tents, which had by then been bleached snow-white. Set at an angle, the Red Crosses could be seen miles away. From this air attack 16 casualties were brought in from adjoining units.



*Left Hook round Mareth Line*  
*Left Hook round **Mareth Line***

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<sup>1</sup> **Capt C. P. Powles**; born NZ, 28 Jul 1913; Pathologist, Wellington Hospital; Medical Officer Maadi Camp Jan-Oct 1942; 1 Gen Hosp Oct 1942-Mar 1943; OC 2 FTU Mar-Aug 1943.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## TURNING THE MARETH LINE

### *Turning the Mareth Line*

**Eighth Army** continued with its plan to take the **Mareth Line**. This plan envisaged a frontal assault on the line itself and an outflanking movement through the desert from an assembly area 80 miles to the south. For this outflanking role the **New Zealand Corps** was formed by the addition of British armoured and artillery units and the Fighting French, who had come from Chad in Central Africa in a remarkable desert trek.

The new outflanking operation closely resembled the left hook around **Agheila**. It involved moves by night of 27,000 men and 6000 vehicles, tanks, and guns to an assembly area in the desert, and a race to an objective over 150 miles away across little-known and difficult country.

On 11 March **NZ Corps** began a secret move to the assembly area in the desert. The force first moved back to **Ben Gardane**, which it had passed in the advance to **Medenine**, then southwards to the assembly area 30 miles south-west of the hill village of **Foum Tatahouine**. The whole force was self-contained with eleven days' food, water, and ammunition and with petrol for 350 miles. For six days the force continued to assemble in the desert, and by 18 March it was complete.

All possible measures for concealment were taken; no Red Crosses could be displayed by medical units and no tentage erected. All sick at this time were evacuated to 4 Field Ambulance, which had been established on the **Ben Gardane- Foum Tatahouine** road, sufficiently far away not to draw attention to the main Corps' concentration. The unit rejoined the Corps on the first day of the move from the assembly area, being relieved by Light Section 14 British CCS.

**On the night of 19 March and during the 20th the Corps advanced across the undulating desert, being slowed up by bad going and minefields. There were some bomb casualties at dusk on 20 March. The advance, held up by darkness, was resumed on the 21st, contact being made with the enemy in the afternoon. The New Zealand Corps then moved up and deployed, and by nightfall armour, artillery, and infantry were facing the enemy positions covering the four-mile-wide **Tebaga Gap**.**

**On an area suitable for air evacuation, 6 Field Ambulance established its main dressing station before nightfall. Here it remained as the nucleus of a medical centre for the remainder of the operation. On the move forward to the area the unit was strafed by four enemy planes, and a member of the attached surgical team was killed and five members of the unit wounded.**

**An attack launched by 25 and 26 Battalions at 10 p.m. on 21 March captured Point 201, a vital feature. Casualties began to come back to 6 MDS through 6 ADS at eleven o'clock. The route of the advance, 170 miles long, had been so rough that in the medical plan it had been decided not to attempt rearward evacuation by surface transport for any save the lightest of wounded. For this reason the MDS was ordered to hold its cases until air evacuation was possible.**

**From the time of the first attack the MDS was kept busy. Ambulance load after ambulance load arrived from the advanced dressing stations. The 4 Field Ambulance ADS arrived and added its shelters to those of 6 Field Ambulance. Two 6 Field Ambulance teams and the CCS surgical team operated continuously all day and through the night of 22-23 March. By the 23rd the MDS was holding 287 patients. The important thing now was to get a landing ground ready for air evacuation, and 6 Field Ambulance, with the assistance of engineers and a company of 5 Field Ambulance sent forward for the purpose, cleared and levelled a very good airstrip which was ready for use by 2 p.m. on 23 March. The company of 5 Field Ambulance then established an Air Evacuation Centre in which, at all times, 30 cases were held ready to load on planes**

**on their arrival and thus minimise the time the aircraft had to remain on the ground. Dogfights frequently took place in that area and the **Bombay** aircraft on the ground were a large target. The first plane landed at eleven o'clock on the morning of 24 March. Thereafter all serious cases were evacuated by air, 402 patients being flown out by the end of March. The RAF was very co-operative and was delayed only by the high winds and dust-storms which, unluckily, were almost constant at this time.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE CCS AT MEDENINE

### *The CCS at Medenine*

During the battle of **Mareth** the CCS was sited at **Medenine** along with 3 and 14 British CCS and 2 **Indian CCS**, and dealt with the casualties from the 51 Highland and 50 Northumbrian Divisions following the assault on the main **Mareth** defences. The casualties from the British divisions in the frontal attack on 20 March were heavy and the CCS worked at high tension, the operating theatres being continuously in action for over three days.

Extra tentage had been erected in preparation for heavy casualties and the staff of the various departments arranged so that the maximum effort could be made. At the cookhouse a 24-hour service was maintained. Meals were kept in hot-boxes for night-duty staff and patients admitted overnight. Evacuations to **Ben Gardane** were necessary twice daily. A limited number of special cases went by air to **Tripoli** from the Senem aerodrome, three and a half miles away. Casualties also came back to the unit by air from **New Zealand Corps** and in a hospital plane service run by an Australian air ambulance unit. New Zealand patients evacuated by air brought back the first news of the outflanking movement.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MAIN BATTLE FOR TEBAGA GAP

### *Main Battle for Tebaga Gap*

The frontal attack at **Mareth** did not succeed. Reinforcements were therefore sent to join **New Zealand Corps** and the main effort was switched to the **Tebaga Gap**.

For the main attack on 26 March, it was agreed that **New Zealand Corps** would collect and hold its wounded and that **6 Field Ambulance** would become a holding unit, leaving the surgical work to **4 Field Ambulance** which had set up ahead. To accompany the Corps when a break-through was achieved, **5 Field Ambulance** was kept on wheels. The company of **5 Field Ambulance** which had been functioning as **Air Evacuation Centre** was ordered to rejoin its parent unit, and **4 Field Hygiene Section** took over its duties. This was a most satisfactory arrangement, the **Hygiene Section** having adequate cooking facilities and sufficient tents from its shower section to hold enough cases to avoid keeping aircraft on the ground too long. The **MDS** was only one and a half miles away, and severe cases were sent direct from there and not held at the **Air Evacuation Centre** overnight. Ambulance cars and extra stretcher-bearers were supplied by **6 Field Ambulance** as required. The planes brought up ample blankets and stretchers to replace those sent back with patients, and hundreds of bottles of blood also came by air.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE ADSS WITH 5 AND 6 BRIGADES

### *The ADSs with 5 and 6 Brigades*

At 3 a.m. on the 26th, at moonrise, B Company, 6 Field Ambulance, under Maj Duncan, moved forward through a cleared gap in the minefields to set up again as ADS for 6 Brigade against the ancient Roman wall that stretched southward from the **Djebel Tebaga** across the gap to the **Djebel Melab**. All that remained of the wall was a high embankment of earth into which the men dug their slit trenches. A high wind sprang up at dawn and developed into a thick dust-storm that lasted all day. Throughout the morning and the early afternoon the vicinity of the dressing station was shelled and mortared, the target evidently being a road immediately to the rear. At 2 p.m. A Company, 5 Field Ambulance, serving 5 Brigade, moved forward one and a half miles through minefields to **Kebili** and set up its ADS under Capt Tyler in a well-protected position within two miles of the RAPs.

At 3 p.m. the first **RAF** bombers went over. Half an hour later the artillery barrage began and the roar of the squadrons overhead was drowned in the rolling gunfire. Tanks of 8 Armoured Brigade advanced through the swirling dust ahead of the New Zealand infantry battalions, many tanks passing through the ADS area and drawing enemy anti-tank fire. Soon the first ambulance cars came back over the shell-torn tracks from the RAPs, and the night-long stream of wounded had begun. There was further shelling during the night, shells and mortar bombs bursting around the dressing station to the agitation of some of the casualties lying in the shelters.

The wounded began to arrive at 4 MDS at 6 p.m. and in sufficient numbers to keep four operating teams working through the night until three o'clock next morning. Even then the staff could not rest for long as more wounded came in all day, until that night the MDS was holding 400 patients. All stretchers and blankets were in use and extra shelters

were erected from truck covers and tent flies. The hot, windy day had made conditions unpleasant for the patients; and on the 28th a dust-storm raged all day, so that aircraft could not land on the airfield behind **Tebaga Gap** to evacuate the wounded. During the day, however, the welcome news was received that the **Medenine-Hallouf- Bir Soltane** road was now open and that DDMS 30 Corps (Brig Ardagh) had sent 30 ambulance cars. On the 29th five planes arrived at the airfield and these, plus the 30 ambulances, and twelve cars and eight 3-ton trucks from the field ambulances, cleared 392 patients.

Few wounded had been admitted on the 28th and 29th as the capture of **Tebaga Gap** was completed by the 28th, the enemy having withdrawn from the **Mareth Line** the previous night. The decisive defeat of the enemy at **Tebaga Gap** cost him many men and much material, and the turning of the line marked the beginning of the end for him in **Tunisia**.

On the morning of 28 March the ADSs closed and moved forward with their brigades, while 5 Field Ambulance advanced with the Corps also. The dust-storm had persisted and was still blowing when the column moved into the **Tebaga Gap** on the morning of the 28th. A Junkers 88 bombed the column, killing and wounding 29 men, and a few hours later an Me109 strafed it.

In the late afternoon of 28 March, 6 ADS pulled into a small side wadi and attended to the bomb casualties. It was a pleasant, fertile spot, surrounded by bare, precipitous cliffs, and the men slept amongst barley and broad beans beneath fig and olive trees. It was with some reluctance that the gear was packed and loaded for departure in the morning. The hills gradually fell away and fields of barley appeared. In the later afternoon the column spread out in desert formation and halted until dark, when it moved forward on to a tar-sealed road. A halt was made for the night at eleven o'clock. Road demolitions prevented the original intention of continuing through the night to a concentration area north-west of **Gabes** being carried out, although A Company, 5 Field

**Ambulance, following 5 Brigade on a different route from New Zealand Corps, had done so.**

**The 30th dawned wet and dismal. The blown-up roads were taking longer to repair than had been anticipated, and though the 6 Brigade troops were aroused at half past five, there was no move until about 10.15 a.m. The route lay through the outskirts of Gabes and the large date plantations that surround the town. Arabs swarmed in hundreds. On the 31st the ADSs moved with their brigades to bivouac areas.**

**When 4 and 6 Field Ambulances moved forward 41 miles on 31 March to join the Division, a company of 4 Field Ambulance, equipped with a wireless set, remained with 23 abdominal cases who were not fit to move; they were eventually flown out on 2 April. During the Mareth Line actions between 5000 and 6000 prisoners were taken, and a detachment of 4 Field Hygiene Section was attached to the prisoner-of-war cage, where they deloused prisoners and disinfected trucks.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## GABES

### *Gabes*

There ensued a pause at **Gabes**. An MDS was opened by 5 Field Ambulance on the **Gabes- El Hamma** road on 1 April.

On 30 March half the CCS moved 50 miles from **Medenine** on to **Teboulbou**, five and a half miles from **Gabes**, and next day the rest of the unit joined it and set up ready for the next battle. On the journey the unit was able to see the defences of the **Mareth Line**, with its many formidable strongpoints, tank ditches, and wadis. It was no wonder that the casualties had been so heavy. At the new site many civilians, including well-dressed women and children, gave a smiling welcome to the troops.

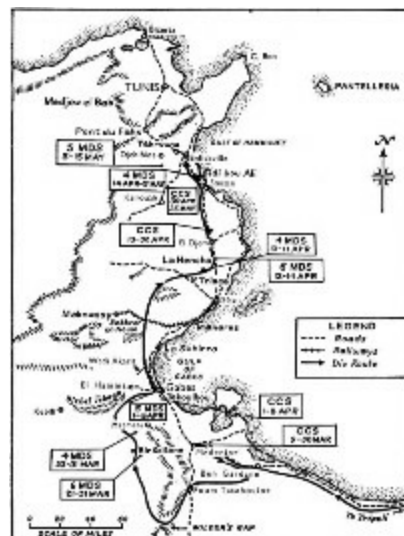
During daylight on 3 April 5 MDS provided treatment for several patients; their numbers increased substantially during the night in consequence of enemy bombing raids. At 7 p.m. all the troops were very pleased to see a Heinkel III bomber being shot up by ack-ack. This plane, with others, had dropped bombs in the MDS area and some of the staff had had a lucky escape from serious injury. Apart from the extreme cold of the night, the continuous dropping of flares and bombs disturbed everyone's rest, and daylight was welcomed. Fortunately the medical personnel escaped injury.

At 11 a.m. and 2.30 p.m. next day there were two further enemy air raids, and many casualties, some with severe injuries, were admitted. Major Bridge spent a strenuous day operating. At 4 p.m., when he was working on one case, the lighting plant broke down just as he was seeking a bleeding axillary artery. The operating tent which was sealed up against dust was plunged into darkness, but he finished the operation by the light of a hurricane lamp. At 6 p.m. Captain Douglas took over from Major Bridge, who returned to the field ambulance. Many

admissions during the day came from 168 British Field Ambulance, and included Air Force and **Royal Navy** personnel, Indians, Free French and Mauritians, besides New Zealanders.

The weather was fine and hot. Swimming and leave parties from closed medical units went to **Gabes** which, though badly damaged, was full of interest for the troops, providing them with their first glimpse of a French town. Many of the famous *Chasseurs d'Afrique* were strolling about the streets.

On 5 April the men of the medical units were given an outline of the operations ahead, in which 6 Field Ambulance, under Lt-Col Fisher, was again to be the MDS with the Division, opening en route as required. On the 6th 30 Corps would deliver an attack on the enemy positions at **Wadi Akarit**, a wadi running inland for about ten miles in a south-westerly direction from a point on the coast some 20 miles north of **Gabes**. Extended from the **Gabes-El Hamma** road to just south of **Wadi Akarit**, 2 NZ Division waited, ready to advance immediately 30 Corps breached the enemy line.



*Medenine to Enfidaville*

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ACTION AT WADI AKARIT

### *Action at Wadi Akarit*

The attack on the **Wadi Akarit** positions opened in the early hours of 6 April. Throughout the morning **RAF** fighters roared over in large numbers. The weather was fine, but with a hot, dust-laden wind. Although the New Zealand infantry was not committed to this battle, some casualties from British and other units came through 5 MDS. Again 50 and 51 Divisions suffered heavy casualties and our CCS worked with 14 British CCS in dealing with them. Accommodation was taxed to the full, every stitch of canvas being utilised. The operating theatres worked continuously for three days.

By the morning of the 7th a bridgehead across the wadi was established, and the Division moved forward through the 30 Corps positions and on northwards. Under the command of Divisional Reserve Group, 6 Field Ambulance MDS started to move at 8 a.m. Progress was slow, the column crawling through scattered fields of barley toward the **Djebel Roumana**, a range of hills some 15 miles north of **El Hamma**. Large numbers of prisoners were passed. Many Italians with vehicles were driving themselves, but the Germans were all under guard. The weather was hot, and the prisoners, trudging back through the dust, looked utterly exhausted. Taking pity on one Italian youth, the occupants of an MDS truck offered him a drink of water, and immediately the truck was surrounded by a thirsty, pleading horde.

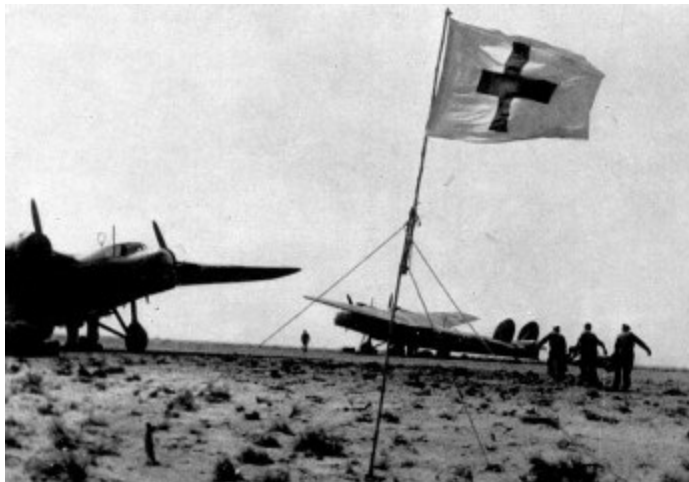
Negotiating minefields at the foot of the hills, the Division entered a gap between the **Djebel Roumana** and the northern spurs of the **Djebel Tebaga Fatnassa**, lying immediately to the west. The MDS passed through the gap just after sunset, the vehicles jammed nose to tail in the dusty defile, and emerged on the open plain to the north.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ACTION AT SFAX-MAKNASSY RAILWAY

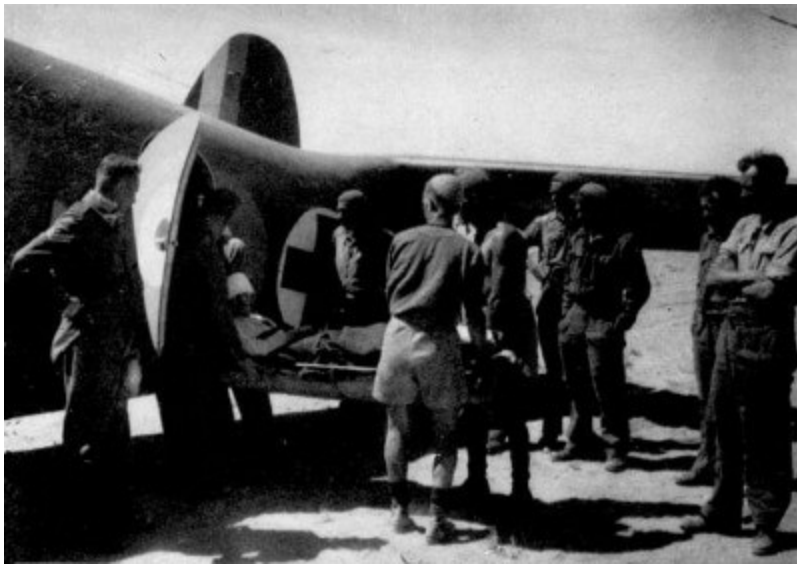
### *Action at Sfax-Maknassy Railway*

The route continued over rolling, sparsely grassed country. A bitterly cold wind sprang up, with clouds of dust, and the troops sat huddled in the vehicles next day as the column slowly wound its way onwards, skirting the eastern edge of a great salt lake. At 2 p.m. the column halted, the leading armour having encountered an enemy gunline along the **Sfax- Maknassy** railway, which ran east and west across the route. Then five enemy fighter-bombers appeared, bombing and strafing units ahead of the field ambulance and causing a number of casualties. The MDS was opened near the marshy edges of the north-eastern end of the lake. There was no further move on the 8th, and the MDS remained open, the men digging in under the gloomy gaze of bedouin in a nearby encampment.



*Wounded from Tebaga Gap being loaded into an air ambulance*

***Wounded from **Tebaga Gap** being loaded into an air ambulance***



*5 Field Ambulance ADS, Takrouna*  
***5 Field Ambulance ADS, Takrouna***



*4 Field Ambulance convoy returns to Egypt*  
***4 Field Ambulance convoy returns to Egypt***

**About 4 p.m. casualties from the action at the railway began to arrive. Most of them were Germans. About fifty were treated, many requiring surgical operations.**

**The reserve medical companies halted about 1 p.m. on the 9th and stood in desert formation on ground pulverised by countless wheels into a fine dust that rose in clouds on the chilly wind.**

**At first light on the 10th the Division was ordered to move north-west and trap the enemy forces in **Sfax** by cutting the main road at **La Hencha**, some 20 miles north of the town. HQ 6 Field Ambulance went into reserve and remained with the patients, 4 Field Ambulance having been ordered by wireless to join the Divisional Reserve Group as MDS.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ON TO SOUSSE

### *On to Sousse*

After evacuating to the MDS a few casualties from the night's bombing, A Company, 6 Field Ambulance, followed the Division and moved rapidly northward. Passing the tarpaulin shelters of HQ Company, the company traversed vast flower-covered plains that flashed with colour to the skylines, and in the later afternoon entered a region of olive groves. There seemed no end to the olive trees. They stretched in lines away into the distance, and down the long vistas surged vehicles of all descriptions. A halt was made ten miles from **La Hencha**.

To everyone's astonishment the company was informed that it was on the flank, that German forces were in the vicinity, and that it would have to provide pickets. Orderlies and stretcher-bearers spent the night rambling through the grove with a souvenir Italian rifle. Enemy aircraft continued their attentions during the evening. Invisible in the darkness, they flew low over the trees, dropping occasional bombs and firing occasional bursts of tracer. The only damage done was to the olive trees, several of which were blown out of the ground.

A Company, 6 Field Ambulance, moved at 7 p.m. on the 11th, and after travelling nine miles through the groves and then along cactus-lined lanes, camped in a field west of the **La Hencha- El Djem** road. Several accident cases were brought in and treated. The company was away before dawn on the 12th, moving northward in desert formation. Eight miles only were covered, however, when the whole brigade was held up by the column in front having to break down to single file on the road north of **El Djem**. During the whole day A Company covered only 15 miles and halted in the evening one mile west of **El Djem**, in sight of the ruins of a huge amphitheatre.

By this time HQ 6 Field Ambulance had evacuated its patients by

ambulance cars to **Sfax** and moved up, joining 2 NZ Divisional Administration Group on the 11th, and reaching **La Hencha** on the 12th. The two attached sections, 2 NZ FTU and 1 NZ CCS surgical team, left to operate with 4 Field Ambulance. 6 MDS opened at **La Hencha**, where it remained until the morning of the 14th, staging patients back along the main road to **Sfax**. There was little for the staff to do, and many of the men moved around among the local Arabs, bartering 'V' cigarettes for fresh eggs.

Still in desert formation, divisional units left **El Djem** early on the 13th. It was a cold morning, with a clear sky, and as the trucks moved away over the soaking grass all eyes were fixed on the old colosseum, which towered, overwhelmingly impressive, in the sun-suffused dawn mist. After five miles of cross-country going the units turned on to the road and travelled northward in column of route. Though **Sousse** had been occupied early on the 12th, and patrols had pushed on eight miles beyond before encountering the enemy's rearguard, the advance continued to be slow. The crowded road had become the only practicable route, the surrounding countryside being cut by deep wadis and watercourses.

As the column wound through **Sousse** the people lined the road, cheering and waving flags. A bulky but supple Arab girl performed a seemingly endless Salome dance on a low embankment, bringing roars of approval from the passing troops. An old Arab, seated on a donkey cart, waved a wine bottle, between deep draughts of its contents. He, too, received delighted greetings.

**Sousse** fell behind. Units continued northward along the main road, stopping for a meal in small copses of olive trees, and moving on to stage about two miles south of **Sidi bou Ali**. Late in the afternoon of the 14th A Company, 6 Field Ambulance, moved forward four miles and opened the ADS in another olive grove west of the road, while B Company, 5 Field Ambulance, set up on the **Enfidaville- Kairouan** road.

When the Division moved through **Sousse** on 13 April, 4 Field



**Ambulance left the surgical team and one company to follow on when it had disposed of the patients. When the advance halted on the 14th, the ambulance set up on a very good site just off the main tar-sealed road, half a mile north of the village of **Sidi bou Ali**, and remained the open MDS for the attack on **Takrouna**.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CSS MOVES ON TO EL DJEM

### *CSS Moves on to El Djem*

The rush at Akarit was no sooner over than the CCS was on the move again through the picturesque little town of **Gabes**, with its green groves of palms, to an olive grove south of **Mahares**, where it remained for two days resting.

The whole countryside was covered with olive plantations. One large house, the centre of one of the largest plantations, was visited and hospitality dispensed by a cultured French family, very proud of their home and very relieved at the departure of German officers who had been billeted on them just a few days before. A large olive-oil refinery was seen nearby. After a very short stop in the olive grove, the CCS went on to 15 kilometres north of **El Djem**. In brilliant sunshine, the trip was the best the unit had yet made.

In a clear, blue sky swallows and larks sang cheery songs of spring. Flowers grew in great profusion—by the acre. After the small seaport of **Sfax** was passed, they appeared in even greater numbers. Here wild poppies grew so thick as to give the appearance of a carpet of pure red stretching for acres under the olive trees. Other flowers growing in large masses made a brilliant picture.

In such surroundings the convoy halted just beyond **El Djem**, 40 miles north of **Sfax**. The new site was on the top of a gently sloping hill commanding a view of distant hills flushed red with poppies. There were numbers of native villages nearby, and the inhabitants as ever pestered the troops for tea, sugar, and food. The beauty of the site was spoilt by its proximity to one of the main operational airfields, to which the Germans paid particular attention, coming over most evenings to drop high-explosive and anti-personnel bombs. Some of the latter landed in the unit area. After a heavy raid one night, casualties were admitted

**from the aerodrome; they included members of an American squadron which had most successfully intercepted German planes near Cape Bon the day before.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE LAST BATTLE

### *The Last Battle*

The Axis retreat had now ended. The enemy occupied strong defensive positions in the high, rough country which meets the coast at **Enfidaville**. The period 14-19 April was spent by the Division in preparing for its part in the general Allied offensive, in which the **Eighth Army's** role was to exert heavy pressure to keep as many of the enemy as possible fully engaged on its front. There was little activity for the medical units. Patrols were active and the New Zealand infantry advanced its position slightly, but few casualties were received.

The attack was timed for the night of 19-20 April. Arrangements were made for extra supplies of blood and extra stretchers and ambulance cars at the ADSs. At nightfall on the 19th the tanks that had been squatting somnolently in the tall grass round the ADS area moved out in column, and tanks, trucks, and guns began pouring up the rough road toward the jagged hills to the north, where scattered gun-flashes flickered through a haze of moonlight.

A Company, 6 Field Ambulance, under Capt J. L. Wright, packed and loaded equipment early in the evening, and at half past nine moved forward and reopened a few hundred yards west of the **Kairouan-Enfidaville** road, at a point five miles due south of **Takrouna**. Digging in was extremely difficult, as the clayey ground, soaked by past rains, had caked to a cement-like hardness in the sun. Deep cracks ran in all directions, sheltering revoltingly huge centipedes. Similarly 5 ADS, under **Maj T. J. MacCormac**,<sup>2</sup> had moved up on the morning of the 19th and occupied a site well hidden by a cactus hedge.

The barrage opened at 11 p.m. At the ADSs all men not detailed for duty bedded down. However, sleep was out of the question; in addition to the uproar, the night was stifling and mosquitoes descended in swarms

on the slit trenches. In the early hours an enemy heavy gun opened fire from the hills. The shells whined past, crashing along a track to the left. The first casualties arrived at 6 ADS at 1.30 a.m. and at 5 ADS half an hour later; from then on they came back in a steady stream, keeping medical officers and teams of orderlies working continuously throughout the night. The ambulance drivers and orderlies were having a nerve-wracking time bringing loads of wounded men from the RAPs over tracks that were frequently shelled and mortared.

Casualties from 6 Brigade were not numerous and 6 ADS was clear by 11 a.m., when 88 cases had been handled, but 5 ADS was more difficultly placed. At 4 a.m. it received advice that the RAPs were flooded with casualties, and it sent forward all available transport—three ambulance cars and six 3-ton trucks. Six additional ambulance cars were sent forward from the MDS to the ADS at 6 a.m., enabling evacuation to proceed smoothly. By half past eight 130 cases had been received by 5 ADS, and wounded continued to come in until 2.30 a.m. on 21 April, after which there were only occasional admissions. The total number of admissions to 5 ADS on 20 April was 276.

As these casualties were all transferred to 4 MDS, that unit was kept very busy. On 20 April 334 battle casualties, mostly New Zealanders, were admitted and treated. Both surgical teams worked long hours, but there was no hold-up or undue delay in attending to cases. Patients were evacuated to **1 NZ CCS**, eight miles north of **El Djem**, along a good bitumen road. Extra ambulance cars were available, and so at no time was there undue congestion at the MDS.

At **El Djem 1 NZ CCS** was the most forward clearing station and acted more as a staging post. Special cases, such as ophthalmic and neurosurgical, were admitted without prior surgical treatment and dealt with by the attached 1 British Mobile Ophthalmic and 4 British Neurosurgical units respectively. Also attached were a field surgical and a field transfusion unit, both British. Evacuation was by road to **Sfax**, thence to 3 NZ General Hospital at **Tripoli**, but later upwards of 50 patients daily were loaded in transport planes returning from **El Djem** to

## **Tripoli.**

On the 25th, when 6 Brigade was extending its positions, a sudden rush of casualties, commencing at 4 a.m., kept 6 ADS busy until late afternoon. It was Easter Sunday and Anzac Day. Services were held by the padres, and red poppies were placed on the graves in the ADS cemetery.

Fifth Brigade had been relieved on the night of 22-23 April, and on the 26th arrangements were made for the relief of 6 Brigade. By 3.25 a.m. on the 27th the change-over was completed. The ADSs then moved into reserve with the Division.

On 29 and 30 April the CCS made its last move forward in the North African campaign, to the north of the village of **Sidi bou Ali**. Here midst fields of barley, surrounded by olive groves and spiky cactus fences, the tents were erected for the last time in **Tunisia**. This was the thirteenth time the unit had set up since leaving Base. It was now at the end of the long 2000-mile trip from **Cairo**. The unit was again the most advanced CCS. Twelve miles ahead loomed the mountainous heights behind **Enfidaville**. From them the sound of artillery echoed back day and night.

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<sup>2</sup> **Maj T. J. MacCormac**, m.i.d.; born Makotuku, Hawke's Bay, 7 Jan 1915; Surgeon, England; RAMC Apr 1940-Jan 1941; Mob Surg Unit May 1941-Mar 1942; **1 NZ CCS** Mar-Nov 1942; 5 Fd Amb Nov 1942-Jun 1944; Repatriation Hosp ( **UK**) Jun 1944-Sep 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## AT DJEBIBINA

### *At Djebibina*

A major attack by **First Army** was planned for 6 May. The role of **Eighth Army** remained unchanged—to exert pressure and thus prevent the enemy from transferring troops from its front to oppose **First Army**. Accordingly, 2 NZ Division moved north-west by day on the 4th and 5th to assemble in the vicinity of **Djebibina**. No major operation was to be carried out, the intention being that the Division should advance to threaten the gap in the hills before Pont du Fahs.

On 5 May 5 Field Ambulance opened an MDS a few miles behind **Djebibina**. At **Sidi bou Ali** 4 MDS remained open; **1 NZ CCS** had moved up adjacent to this unit on 30 April. This position was only ten miles from the forward defended localities.

At dawn on 6 May the **First Army** attack was launched along the axis of the Medjez el Bab- **Tunis** road. Before it the enemy defences crumpled. **Tunis** and **Bizerta** fell on 7 May and British armour swept across the base of **Cape Bon** peninsula before the enemy could regroup. On the southern flank of the attack, 5 Brigade and New Zealand artillery carried out advances and sustained some casualties, 52 being admitted to 5 MDS in five days. They were evacuated to 4 MDS and 1 CCS at **Sidi bou Ali**.

On 8 May 2 NZ Division was ordered back into reserve near **Enfidaville**, and 5 Brigade was left to hand over its positions and follow on, while 5 Field Ambulance remained for a few days until its serious cases were fit to move and then rejoined the Division.

The Allied success in the north made the position of the enemy infantry on the **Enfidaville** front hopeless. On 13 May Marshal Messe, now in command on this front, surrendered unconditionally to **General**

**Freyberg.** Resistance ceased and over 31,000 prisoners were taken on the southern front. For many days prisoners, both German and Italian, were marching back to prisoner-of-war cages in the rear. To the north the **Royal Navy** and **Allied Air Force** prevented evacuation from **Cape Bon** peninsula, and altogether over 200,000 prisoners and a vast amount of equipment were captured.

An eerie silence seemed to hang over the countryside. It was difficult to realise that it was all over; that there would be no more 'up the blue'. Thousands of prisoners were moving back along the main road, driving their own vehicles. It was noticeable that as they passed a British cemetery near 6 Field Ambulance they saluted and showed it marked respect.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## PREVENTION OF DISEASE

### *Prevention of Disease*

**In Tunisia part of 4 Field Hygiene Section was kept very busy arranging the disinfecting of prisoners. At Bir Soltane 3000 of them were examined for signs of lice and sorted into 'clean' and 'unclean' groups. The latter were treated in groups of twenty with a solution of kerosene and soft soap, and their clothing steam-disinfested and dusted with lice powder. This work had to be done at top speed as it was necessary that all prisoners be treated before they were moved to the rear areas. All vehicles carrying prisoners were sprayed out with formalin to prevent the spread of lice. The proportion of lousy Italian prisoners to Germans was about nine to one, the Germans being anxious to get cleaned up but the Italians being apathetic. All these precautions were not designed merely for the comfort of the enemy troops but were an effort to prevent any typhus epidemic, and in this they were successful.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## SIGHTSEEING

### *Sightseeing*

After 13 May units were able to organise trips to places of interest. Parties visited **Takrouna** and **Kairouan**, and a number of men made unofficial visits to **Tunis** by hitch-hiking. **Takrouna** was smashed and its atmosphere fetid. **Kairouan**, ranking high among Islam's holy cities, was full of interest. Soldiers were permitted to inspect the Grand Mosque, with its huge chandelier of oil lamps, and view the city from the minaret.

**Tunis** was crowded with troops of all descriptions, and consequently the leave quotas for units of the Division were very limited. The medical units were able to send small parties. The harbour was a scene of ruin, with ships sunk at the wharves; but the town itself, with its fine buildings and wide, tree-lined streets, was practically undamaged. The visit included Carthage, where the party inspected the Roman and Carthaginian ruins.

The sisters of the CCS also visited **Tunis**, going up one day and returning the next. They spent the night with an Italian family who provided beds and cooked the rations which they took with them. They enjoyed seeing the town, though shops and most other places of interest were closed. Leaving early on the return trip, they were able to see much of the country where the last fighting had taken place. Later the sisters had another trip to **Tunis** to witness the Victory March, with General Eisenhower taking the salute.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE HOSPITALS

### *The Hospitals*

Though neither 1 nor 2 General Hospital was called upon to follow up Eighth Army in its advance from Alamein to Tunis, each worked hard dealing with casualties throughout the campaign and could claim a share in the glorious achievement.

In 1942 1 General Hospital admitted 10,881 patients at Helwan, while 2 General Hospital, a smaller hospital, had 6377 admissions at Gerawla, Nazareth, and El Ballah. 3 General Hospital treated 11,306 patients in 256 days at Choukri Ghanum, before moving up to Tripoli, where it admitted 5402 patients in 170 days.

The number of patients alone does not sum up the work of the hospitals. At 1 General Hospital, for instance, the number of outpatients was 7310, and a total of 2880 medical boards were completed in 1942. Over 1,000,000 meals were supplied to patients and staff during the year, and the quantity of food and fuel used was over ten tons daily. More than 3600 jobs on repairs and maintenance were completed, some taking only half an hour, others six weeks.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 3 GENERAL HOSPITAL AT TRIPOLI

### *3 General Hospital at Tripoli*

Leaving **Beirut** on 2 March, the staff of 3 General Hospital, after staging in the Canal Area, arrived in parties by hospital ship at **Tripoli** in March. Their new location was at **Suani ben Adem**, twelve miles from **Tripoli** and two miles from NZ Advanced Base. On it was a large stone fort. This building later became the administration block, containing operating theatres, X-ray, dispensary, ordnance, steward's store, hospital and QM offices.

At **Tripoli** the unloading of the hospital's equipment from ship to lighter began on 1 April, and by the evening of the 5th it was all on the hospital site without being damaged by air raids on the harbour. Work now went ahead rapidly. As there was no Royal Engineers service, all plumbing, joinery, and electrical work had to be carried out by the staff of the hospital, and the result showed their skill and initiative. It was difficult to obtain engineers' supplies, and material from salvage dumps was adapted to suit requirements. Stoves, for example, were not available, and two acquired from an abandoned Italian ship were brought into use. For wards EPIP tents joined together had to take the place of hospital expanding-pattern tents.

Before the hospital opened some of the staff were attached to 48 British General Hospital, whose staff was hard-pressed. Although regarded at first with some suspicion, they soon earned expressions of appreciation and approval. On 10 April, in response to an urgent request, 100 patients were admitted to 3 General Hospital. On the 14th 300 beds were occupied, only four equipped beds being empty. At the end of the month all 900 beds were equipped. By this time all departments were functioning except dental, massage, and occupational therapy. These opened during May.

**On 2 May the New Zealand Minister of Defence, the Hon. F. Jones, visited the hospital and expressed his appreciation of its work and that of the other medical units during the North African campaign. The Minister was accompanied by Brig H. S. Kenrick, who had returned from a tour of duty in New Zealand and had been reappointed DMS 2 NZEF on 17 April, upon the return of Brig K. MacCormick to New Zealand.**

**As the African campaign drew towards its end, the tempo of the hospital activities increased. The number of patients treated grew as battle casualties arrived from the forward areas, both by road and by air. Frequent evacuations by hospital ship, however, prevented the bed state from rising to an unmanageable figure.**

**Throughout May and succeeding months the heat proved most trying, a temperature as high as 119 degrees being recorded on one occasion inside the reception tent, with a temperature of 130 degrees outside. Margarine ran like water in the mess tents, and all food and drinks were strongly laced with salt to compensate for perspiration loss. Situated near the hospital was the Convalescent Depot, under Lt-Col Noakes, and the staff of the depot were likewise tried by the heat.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## VISIT OF HIS MAJESTY THE KING

### *Visit of His Majesty the King*

On 16 June the hospital was informed of the anticipated visit to the locality of 'General Lyon', and elaborate arrangements were made for his arrival. Included amongst these preparations was the closing of the main **Tripoli** road for two days. This and other arrangements provoked much speculation as to the identity of the mysterious General, but all were convinced that he must be a very high ranking official. On 19 June the air was thick with planes apparently engaged on an endless patrol of the skies, and the arrival at **Castel Benito** of one plane, with heavy escort, further confirmed the popular belief.

On the following day the hospital was visited by General Sir Henry Maitland Wilson, Commander-in-Chief, **Middle East**, and Sir James Grigg, Secretary of State for War in the United Kingdom Government. But the identity of General Lyon remained a secret until the 21st, when 3 General Hospital paraded for His Majesty **King George VI**, who was visiting the troops in North Africa. Officers and other ranks, both patients and staff, were drawn up on either side of the road as His Majesty passed on his way to inspect 1 Armoured Division. On the return journey King George, who was accompanied by General Montgomery, stopped while Col Gower was introduced to him. After asking a few questions regarding casualties treated in this site, the King reviewed the hospital staff as he drove slowly through the lines.

Any hopes at 3 General Hospital that the unit was shortly to move were sadly dashed when it was disclosed in June that a crisis expansion of 200 beds was to be provided for. The expansion to 1100 beds was completed by 10 July, the date of the invasion of **Sicily**, but the first convoy of any size from this campaign did not arrive until 20 July. Casualties were not as numerous as expected, but a block in the lines of evacuation caused the bed-state to rise until on 13 August it reached

1071, the highest number of patients in hospital at any one time up to that date. In August there were 1740 admissions, but with the campaign in **Sicily** successfully concluded the numbers decreased.

Of their life in **Tripolitania** one of the sisters wrote:

‘Fleas were not the only enemy occupants of our territory. We peered fearfully under the canvas flaps of our EPIP tents, set amidst the gum trees, for scorpions and other reptiles, and then braced ourselves to deal with all possible hazards. These we were told included booby-traps, fifth columnists, faulty sanitation, dehydrated cabbage, and the **RAF**.

‘The first two we did not meet. The third refused to be attacked on our own level and kept caving in. Dehydration we do not discuss, we were not enthusiasts; and only the timid among us scanned the sky above our roofless shower house, for aircraft flying lower than 1000 feet, and slower than 200 miles per hour.

‘We were a stopping place when the Division returned from **Tunisia**. For three days and nights the battle raged, and the mess staff strove gallantly to keep up the supplies of food and drink for the hordes of bronzed warriors who thronged our mess. On the fourth morning the sole remaining sign of the siege was the place where our piano had formerly stood. Wearily and thankfully we returned to nursing as a full-time occupation.

‘On 21 June, dressed in formal white, two rows of us stood gladly in the sweltering sun to see the King smile at us as he drove slowly along Mussolini's Libyan highway. Earlier in the day our Matron <sup>3</sup> was presented to His Majesty at the parade in the Piazza Italia, **Tripoli**. Leslie Henson, Mae Craven, Vivien Leigh, and several other celebrities came out one day to entertain us. With traditional colonial hospitality we turned on rain, which leaked through the tents over the performers and audience impartially. The sun shone, however, for Noel Coward when he entertained us and the temperature hit 110 degrees with no effort at all....

**‘July saw the invasion of Sicily, and then Tommy casualties began to arrive. Practically all these patients developed malaria, having been infected before being wounded. The incidence of malaria among the staff was low, for our precautions were good. Nets, mosquito leggings, and long sleeves after sundown—not to mention mepacrine, which added to our already dehydrated appearance that delicate shade of yellow that indulgence in that drug brings.’**

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**<sup>3</sup> Miss M. Chisholm.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## RETURN OF FIELD UNITS TO EGYPT

### *Return of Field Units to Egypt*

On 15-17 May the Division began the 2000-mile journey to Egypt. The medical units dispersed through the convoys provided a medical service for the five groups, admitting and treating patients en route. The route lay inland through **Kairouan** and along the South **London Road** and 'Y' Track to the main coast road at la **Skhirra**. From la **Skhirra** the convoys followed the coast.

Staging areas for the returning Division at intervals of approximately 120 miles were cleared of mines, and all troops were warned of the danger of mines and booby-traps in the vicinity of these areas. After the first stage, during which a number of vehicles were held up by tire blowouts, the journey was uneventful. At **Tripoli** a halt of one day was called for rest and vehicle maintenance. Leave was granted, but few availed themselves of it: the resources of the town had been exhausted long before. Patriotic parcels were issued and the **Kiwi Concert Party** put on its latest show for each group.

The convoys pushed on past **Homs** and **Misurata** and around the Gulf of **Sirte**. Wherever there were settlements the Italian colonists stood at the roadside and cried out for food. Families possessing attractive daughters had them standing appealingly at their gates, and they received the lion's share. However, there were some high-principled stalwarts among the troops who, resolutely crushing the promptings of their instincts, ignored the visions of beauty in distress and threw what they had to older or less attractive supplicants. The area near **Nofilia** and, a few miles farther east, the scene of the Christmas festivities were passed. It was difficult to realise that not five months had elapsed since they had passed that way westward.

Another day was spent checking over the vehicles in staging areas

around **Benghazi**. The majority of the men had not seen **Benghazi**. Others had seen it only as prisoners of war. All wished to see it or see it again, and the leave trucks were crowded.

For the remainder of the month the Division moved steadily eastward. The road led over the high **Tocra Pass** and the **Barce Pass**, and on to **Derna** and the **Derna Pass**, from which the view of the sea and coastline was startlingly beautiful. The **Bir Hacheim** and **El Adem** turn-off was passed, and the seemingly endless column wound through **Tobruk**, where the harbour was still full of derelict ships and masts that stuck desolately out of the water. The half-demolished bridge outside **Bardia** had not been repaired, but an easily negotiable detour ran beside it. At **Fort Capuzzo** the dilapidated remains of **Mussolini's** monuments looked more pathetic than ever.

The Division crossed the border and streamed down the **Sollum Pass** and on past the foot of **Halfaya Pass**, where, six months earlier, the vehicles had waited, jammed nose to tail, while **Messerschmitts** strafed the troops on the top of the escarpment. **Buqbuq**, **Sidi Barrani**, and **Mersa Matruh** were left behind. At **Gerawla** much of the old tentage of the field hospital operated by **2 General Hospital** in 1941-42 was still standing.

Along the desert highway the convoys travelled through scenes long familiar to the **New Zealand** troops. **Baggush**, **Fuka**, **El Daba**, **El Alamein**, the **Burg el Arab** turn-off and the **El Imayid** staging area, all had their memories, though **El Alamein** struck a strange note with its peaceful silence and vast, neatly laid-out cemetery.

After spending the last night of the journey at the **Ikingi Maryut** staging area, near **Amiriya**, the head of the 300-mile column of worn and battered vehicles moved along the desert road to **Cairo** and **Maadi** and began to disperse through the **Maadi Camp** area. The medical units arrived at the camp on 31 May and 1 June. The units occupied a medical area adjoining **23 Field Ambulance**.

The **North African** campaign was over. It had been a campaign in

which the medical units had been compelled to adapt themselves to widely varied conditions. The ADMS reported, with particular reference to the month of April:

**‘The month has been an interesting one from the medical administrative point of view as it started with an extremely rapid advance with all the problems of distance to contend with, and ended with a set-piece battle of the 1914-18 type. The divisional medical units showed that they could cope with both types of warfare equally well, and at no time was there difficulty in dealing with casualties.’**

Day leave to **Cairo** was immediately granted, and preliminary arrangements made to despatch the men on 14 days' special leave. The nominal rolls of those returning to New Zealand on furlough under the Ruapehu scheme were received. When the men affected were advised a series of congratulatory and farewell carousals began. The first parties left on special leave on 5 June, and throughout the rest of the month representatives of the field medical units were to be found all over the **Middle East**, from the cabarets of **Cairo** and **Alexandria** to the hills and old towns of **Palestine** and **Syria**. Another campaign was behind them. Where the next would take them they did not know, and for the time being they did not care.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS AT SUANI BEN ADEM

### *CCS at Suani ben Adem*

As a Corps unit, **1 NZ CCS** did not accompany the Division back to Egypt but remained in **Tunisia** until 23 May, when it moved the 380 miles back to **Suani ben Adem**, near 3 General Hospital and **1 Convalescent Depot**, and established a 200-bed hospital to receive casualties from the coming invasion of **Sicily**. For several weeks all members of the unit were engaged in erecting the hospital. The work was done mostly in the mornings as the afternoons were excessively hot. Departments were set up close together on both sides of a road through the eucalyptus plantation.

It was now mid-summer. As June passed the days grew progressively hotter. Temperatures soared to 120 degrees in the shade and never fell much below 100 for days on end. Nights brought little relief. A strong wind known as the 'jebeli' was experienced on several occasions. Blowing from the burning sands of the Sahara Desert, it came sweeping through the trees as a searing hot blast, and usually lasted two or three days. Even in the shade most things became too hot to touch. Tins of water could be kept moderately cool only by placing them in a hole covered with wet sacks. Motor vehicles had difficulties on the road as petrol vapourised before it could reach the engine. In such enervating weather the long ride to the beach on the old German diesel truck was like a trip through an oven. With heat such as this the grapes soon ripened, although some varieties were burned on the vine. Each evening many of the men would disappear over the fields in the direction of the vineyards. Later they would return laden with bags, kits, and shirts bulging with large bunches of choice grapes. Everyone was certainly making up for the opportunity lost the previous summer when the unit had to leave the **Lebanon**. Grapes and fresh fruit were also part of Army rations at this time; peanuts were issued by the sackful.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS TEAM IN SICILY

### *CCS Team in Sicily*

Early in July there was a request that a surgical team from the CCS be attached to 30 Corps for landing operations. This clearly indicated that an invasion was about to take place. On 6 July a team comprising Majors M. H. **Aiken**<sup>4</sup> and L. A. **Bennett**,<sup>5</sup> Corporal C. W. **Grey**,<sup>6</sup> Privates R. L. **Roberts**<sup>7</sup> and F. W. **Palmer**,<sup>8</sup> under the command of Major W. M. **Brown**, left to join **174 Field Ambulance** at **Tripoli**. The team had no surgical equipment as its personnel carried only their personal requirements and rations. Four days after their departure word came that there had been a landing in **Sicily**. The New Zealand party was included in the second landings on 11 July. Originally it was thought that they would be ashore only two days but, as events turned out, eleven days elapsed before they left **Sicily**. The only New Zealanders to take part in the Sicilian campaign, they were on the move practically all the time, visiting British field ambulances and other medical units. For a few hours they would work as a relieving surgical team and would then pack up and move on to some other unit where surgical cases were banking up. On 19 July they were ordered to return, since instructions had come through that no **2 NZEF** personnel were to be in **Sicily**. The team sailed from Syracuse on 21 July on the hospital carrier *St Julien*, and arrived at **Suani ben Adem** on the evening of the following day. All were exhausted and ready for a well-earned rest.

The CCS received 132 of the casualties from the Sicilian campaign on 20 July. These were transferred from a hospital ship at **Tripoli** by 1 NZ Motor Ambulance Convoy which had also remained in the **Tripoli** area. Towards the end of the month warning came that the CCS was no longer required in **Tripolitania**. This was welcome news.

On 6 and 7 August the unit left, part by the hospital ship *Llandoverly Castle* and part by road, to return to Egypt and rejoin the New

**Zealanders in Maadi Camp.** Pleasant though it was at Suani, everyone was feeling the monotony of the area and longing to return to **Cairo**. Much interest was taken in the future of the Division. Some were sure it would now go to England. Others thought it would return to **Crete** and **Greece**, perhaps via **Turkey**. Some were positive that **Italy** would be the destination. Not a few were certain the Division would return to New Zealand. None, however, dreamt that there was still two years' work ahead.



<sup>4</sup> **Maj M. H. Aiken**; born **Palmerston North**, 25 Jan 1902; Medical Practitioner, **Christchurch**; Physician HS *Maunganui* Apr-Nov 1941; 1 Gen Hosp Nov 1941-Feb 1943; 1 Mob CCS Feb 1943-Jul 1944; 2 Gen Hosp Apr 1944-1945.

<sup>5</sup> **Lt-Col L. A. Bennett**; born **Nelson**, 16 Oct 1896; Surgeon, **Christchurch**; Surgeon HS *Maunganui* Apr-Nov 1942; 2 Gen Hosp Nov 1942-Jun 1943; 1 Mob CCS Jun-Oct 1943; in charge surgical division 3 Gen Hosp, Oct 1943-Sep 1945.

<sup>6</sup> **Cpl C. W. Grey**, m.i.d.; born **Wellington**, 8 Feb 1917; railwayman, **Auckland**.

<sup>7</sup> **Pte R. L. Roberts**; born **NZ**, 10 Jan 1917; mental attendant, **Hokitika**.

<sup>8</sup> **Pte F. W. Palmer; born Waimate, 14 Feb 1912; shop assistant, Dunedin.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 14 – MOVE TO ITALY

## **CHAPTER 14**

### **MOVE TO ITALY**

**BACK in Maadi at the beginning of June 1943, the field ambulances concentrated in an area near Maadi Camp Hospital. The camp was seriously overcrowded: 4 Field Ambulance had a limited but clean area near HQ 4 Armoured Brigade, 6 Field Ambulance was squeezed into an area that was totally inadequate for the organised sports that were to occupy an important place in the training envisaged, and 5 Field Ambulance had a most unsuitable stretch of sand and dust immediately behind the Naafi bulk stores. In this area was also 4 Field Hygiene Section. On 8 July, however, 5 Field Ambulance moved to a new area to the east of Lowry Hut, where there was much more space. When 6 Field Ambulance took over the huts vacated by 5 Field Ambulance, it expanded until the unit lines provided both adequate accommodation and a spacious parade and sports ground.**

**For many, however, the stay in unit lines was short. Those due to return to New Zealand on furlough under the Ruapehu scheme, the married men and some of the single men of the first three echelons, were marched out to another section of the camp where the furlough draft was concentrating. Though it was unknown to them at the time, for many it was a final goodbye to the units in which they had served for so long. Col Furkert was senior medical officer to the furlough draft, and Col R. D. King became ADMS 2 NZ Division, while Lt-Col J. K. Elliott was appointed CO 4 Field Ambulance.**

**After eight months of alternating action and boredom in empty deserts, all men turned their thoughts to leave, which was rapidly organised. Almost immediately parties left their units for a fortnight's change at leave camps by the sea at Sidi Bishr and Nathanya, or to hostels in Cairo, Alexandria, Jerusalem, Tel Aviv, and other places. All had such large credits in their paybooks that they were able to live lavishly, and all enjoyed the respite from a regimented existence.**

The days of June were hot and dry and hardly conducive to the work of unloading and checking equipment. However, it had to be done. But there was no lack of energy for sport—cricket, tennis, baseball, rowing, swimming, athletics and yachting. Teams were entered in divisional competitions and inter-company games were arranged. In the baths at **Maadi** swimming carnivals and water polo games were held.

In July a training programme was instituted. Officers and men did special courses at hospitals. Most of the men soon lost any illusions they might have had about training in **Maadi Camp**. They fell in for hard work, plenty of it, and found it elementary compared with their accustomed duties in the field. Still, there were reinforcements to be broken in. The staff of 4 Field Hygiene Section was busy with its normal duties in the crowded camp. Medical officers attended a series of weekly discussions at Maadi Camp Hospital, designed to stimulate interchange of views on medical work and to standardise procedures in the field.

Some officers visited 4 Field Ambulance to view a demonstration of the erection of a 'penthouse', a lean-to type of tent designed for attachment to 3-ton cooks' and QM trucks, and destined to be the retreat of poker players, tipplers, and the well-known types, present in all units, who were always too tired to erect bivvies.

Companies of the field ambulances journeyed in turn to **Ain Sukhna**, on the shores of the **Red Sea**, for exercises. The tents were pitched along both sides of the road, where it skirted a series of bluffs that ran down to the shore. The heat was almost tangible. At the first free moment there was a concerted rush for the water, and the translucent shallows were soon whitened by splashing limbs. Throughout the stay at **Ain Sukhna** the men spent most of their time in the sea, the majority never tiring of floating face down and gazing through the clear, lukewarm water at the shoals of fantastically coloured fish that swam amongst the coral on the sea bed.

Between long spells of rest and recreation, the company carried out various types of training. After dark, tarpaulin shelters were erected

against the clock. The beach was a scene of dim activity, with the shadowy figures of men rapidly tossing out and unrolling the tarpaulins, and standing in pairs on the top of each truck, waiting to catch the thrown ropes and haul the edges of the shelters up on to the canopies. Shouted directions and the blows of sledge hammers on steel stakes rang through the night. In about 20 minutes the sections were ready to operate.

It was a good camp at **Ain Sukhna**, away from the irksome restrictions of Base. The training was pleasant and leisurely, and at night the men gathered for informal sing-songs and supper on the beach. Refreshed, they packed up and started out along the desert track to **Maadi**.

After that the units were once more together at **Maadi**, with the men spending their spare time quaffing beer in the **Naafi**, eating Groppi's ice cream in the **Lowry Hut**, or sitting on the hard, sandbag seats of the **El Djem** amphitheatre.

The number of original members of the units was further depleted on 2 September when men were marched out to join the second furlough draft. During the first days of September an unaccountable decree for route marching was issued—the reason was learnt later. Daylight or darkness, it made no difference: the men would find themselves tramping in column of route through the sand. However, a route march is more pleasant than many other forms of training; at least one can just tramp on, empty-minded and at peace. On 10 September the Medical Corps paraded on the Maadi Club sports ground, and awards were presented by the GOC. Next day was polling day for the General Election in New Zealand.

### *The Hospitals*

In the hospitals life seemed uneventful after the excitement of the previous months, but work went on. At 1 General Hospital accidental injuries took the place of battle casualties, some of whom were invalided

back to New Zealand on the hospital ships. Seasonal sickness, with the onset of another summer, brought an influx of patients from the concentration of troops in **Maadi Camp**. The 1762 admissions for July were the highest recorded since 1 General Hospital had been at **Helwan**, and helped to build up the total of 12,642 patients which it received during 1943. Patients were transferred periodically to **2 General Hospital** to ease the burden. The summer was very trying indeed, and its effect was shown on the staff. At **Tripoli** 3 General Hospital was kept busy; it found the summer the hottest of all.

Changes came about, too. With the furlough drafts, many of the sisters and men from all hospitals returned to New Zealand for well-earned rest, including most of the sisters who had arrived in the **Middle East** in the beginning and had paved the way in the hospital work that was now so well established. Farewell parties, large and small, were the order of the day; but the regrets of those leaving the units and breaking old associations were, generally speaking, overshadowed by the prospect of the reunions at home with families and friends after three and a half years of separation. The arrival of fresh staff with the 9th and 10th Reinforcements brought new blood into all the units. At the end of 1943 the staff changes at 1 General Hospital during the year were totalled up and found to comprise 35 medical officers, 82 sisters, 64 VADs, and 68 men.

On 12 June the staff of **2 General Hospital** were shocked by the news of the death of their popular and most capable commanding officer, Col Spencer, while on leave in **Tripoli**. He was a sad loss to the Medical Corps. **Col H. K. Christie** was appointed CO of the unit, and Miss V. M. Hodges became Matron on Miss Brown's return to New Zealand. The matron of 1 General Hospital, Miss E. C. Mackay, was promoted to the position of Principal Matron in succession to Miss Nutsey on 22 November and was succeeded at 1 General Hospital by Miss M. Chisholm, while **Miss M. E. Jackson** became matron of 3 General Hospital.

*Another Campaign Ahead*

Leave over, the field medical units began to reorganise and re-equip in preparation for the next campaign. Equipment was repaired and brought up to scale, while the transport was completely overhauled. Reinforcements were received, inoculations brought up to date, and winter clothing issued.

Rumours about the future were very strong—in fact it had become fairly obvious that the Division was destined for operations in **Italy**. During the summer months the Allies had pressed steadily on. Mussolini had resigned, and the close of the Sicilian campaign with the fall of Messina on 17 August marked another great step forward. The Allied invasion of the Italian mainland began early in September with landings by Fifth Army at **Salerno** and **Eighth Army** across the Strait of Messina. On 1 October Allied forces occupied **Naples**.

In mid-September the Division moved to **Burg el Arab**, west of **Alexandria**. As part of a hardening process, the troops marched from **Mena** to the **Amiriya** crossroads, a distance of 99 miles. Some of the medical units did not have to march, as they were called upon to provide dressing stations on the route and at **Burg el Arab**.

Apart from morning route marches, no training was done at **Burg el Arab** during the next few days, and the medical personnel not running dressing stations camped on the flat ground between the coastal ridge and the glistening white sand dunes of the beaches, checked over equipment at leisure, availed themselves of day leave to **Alexandria**, or wandered down to the sea to swim, plucking ripe figs en route from the stunted trees that dotted the dunes. The drivers were kept busy checking over their vehicles and removing the canopies and supporting frameworks in preparation for loading them on the vehicle transports.

There was still no hint of the future role of the Division, and the troops as usual were groping in a maze of conflicting rumours. A lecture on malaria, coinciding with the first issue of the little yellow mepacrine tablets, was considered to be of major significance until someone announced that malaria was prevalent in many parts of **Europe**. Finally,

commanding officers delivered addresses, informing their units that the Division was about to go overseas. Beyond that they knew nothing, except that the future field of operations was a region infested with typhus and malaria.

### *Preparations for Departure*

The time for embarkation was obviously near when, on 25 September, orders were received to prepare staff tables and loading returns for vehicles. The units packed all equipment, removed shoulder titles and cap badges, and obliterated all divisional signs on the vehicles. Early in October the units moved to the embarkation transit camp which had been established in the stony, dusty waste of the **Ikingi Maryut** staging area. The troops, quartered in tents, were continually smothered in the fine dust that rose in swirling clouds on every breath of wind. It caked around the eyes and lips, and could be tasted in the mouth and gritted between the teeth. Conveniences were poor, and meals were of a nature requiring the minimum of preparation. A large tented **Naafi** served morning and afternoon tea and beer to an endless queue.

The men spent many hours rearranging packs, seeking to devise a load that included everything yet could be carried without making the bearer wider than the average door, and which would sit more or less comfortably on the back without giving a tortoise-like forward thrust to the head.

Embarkation rolls were prepared, and the minimum of equipment that would be required at the destination loaded and despatched to the personnel ships. The units assembled and marched to embussing points, the men tottering under a hundred-pound load that included, besides the normal packs, a bivouac tent, a bush-net with supporting poles, summer and winter clothing, a leather jerkin, spare boots, and a two-gallon water can. The gear was no sooner gladly dropped from already numbed shoulders than there came the inevitable order to pick it up again and change position. A fleet of 10-ton trucks arrived, and the troops



**clambered aboard, about twelve men to a truck, and set off for the docks at Alexandria.**

**There was usually a long wait at the wharf, and scratch meals and hot tea were prepared while barges and lighters, each craft packed with khaki-clad, sun-tanned men, came and went between the shore and the troopships anchored out in the stream. Various units stood about in groups, clustered around their dumped piles of gear. No one seemed anxious to swing up his load until the last moment. One man who had sat down with his packs attached had to be assisted to an upright position. At last the men were told that they were moving off on the next lighter. They helped each other on with their packs and filed up a narrow, one-man gangway to the deck of their lighter, the bush-net bags and water cans, carried in either hand, bumping and clanking against the stanchions. Again the gear was thankfully dropped; and again and again it had to be picked up and moved as men were packed more and more closely on the deck. By the time the lighters pulled away from the wharf the men were completely immobilised in a tangle of equipment and legs.**

### *Voyage Across the Mediterranean*

**The voyage of 6 Field Ambulance can be taken as typical of those of all the New Zealand medical units. The lighters carrying the unit drew alongside a towering, 17,000-ton transport and the troops were instructed to go aboard through one of the luggage ports in her side. What with the steeply-sloping gangway, the low entrance, and the tall packs, they had to be manhandled through like so many sheep. It was impossible to stoop low enough to get the packs under the top of the door without losing balance, so main packs were left on the lighter to be heaved aboard later. Carrying only hand luggage and side-packs or 'iggri bags', the men were guided along the shaft-like ship's corridors to their quarters on the lowest deck of the forepeak cargo hold.**

**With no natural light, poor ventilation, and permeated with the**

typical troopship's lower-deck atmosphere of perspiration and sour staleness, added to which was the hold's own native smells of cheese, garlic, and dried fish, the quarters were not regarded with any great enthusiasm. To make matters worse, most of the hold was taken up by mess tables and rifle racks. Hammocks were slung close together over the tables, with the ends of one row inserted between the ends of the next. After a brief inspection the older hands left to seek open-deck hammock sites. At tea-time the food proved unexpectedly good; but the messes were difficult to organise and there were long periods of waiting, both for the men at the tables and for the winding queue of mess orderlies.

The convoy of three transports, with an escort of five destroyers, moved from its moorings in the early morning of 6 October, and passing the smashed hulls and protruding masts of wrecked and sunken ships in the harbour, steamed slowly out through the boom. The troops lined the rails, gazing back at the domes and minarets of the mosques and the magnificent buildings along the corniche, gleaming white and distinct in the sunlight and clear air of the warm Egyptian morning. There was a rapid flicker of morse from a destroyer as it surged past the *Reina del Pacifico*, and the three transports swung into line abreast and picked up speed. The first contingent of the New Zealand Division was on its way. A few hours later a message from the GOC was read over the loud-speaker system, telling the troops that they were bound for **Italy** and the prospect of battles under conditions very different from those of the campaign just ended.

**Alexandria** slowly faded from sight, and the coastal dunes of the **Western Desert**, the scene of so many memories, appeared for a few hours to the south and then sank below the skyline. The voyage was a succession of still, warm days, the convoy continuing in line abreast inside its cordon of destroyers, each ship towing its hauled in barrage balloon and slipping through a sea disturbed only by the hissing bow waves. Land was sighted on the 7th, and after a certain amount of discussion was identified as **Ras et Tin**, the western promontory of the

**Gulf of Bomba.** Just before dusk on the same day, a convoy of some thirty merchant ships with escorting destroyers steamed past. In spite of orders forbidding the carriage of pets, **Lulu**, 6 Field Ambulance's pet hen, suddenly put in an appearance. She had been carried aboard in a box as a bivvy.

Mount Etna and **Sicily** were sighted to port at dusk on the 8th, and soon the hills of **Italy's** toe rose into sight. Daylight on the 9th showed the convoy sailing close to and parallel with the coastline, and the ship's rails trebly lined with men examining and commenting on the countryside, its gently sloping hills and clusters of houses whose red roofs glowed like dull embers as they caught the morning sun. Trees appeared plentiful, both in ordered rows and blocks and straggling natural woodland; and the differing depths of colour in the patterned plots of green and brown told of intense cultivation. There was a promise of moist, cool winds and green fields after the arid dunes and escarpments of the desert.

### *Disembarkation at Taranto*

At 9 a.m. on 9 October the transports steamed slowly through the boom between the two stone moles that encircle **Taranto** harbour. A British monitor, several cruisers, surrounded by their anti-torpedo nets, and three or four American landing craft were moored in the stream, while an assortment of small merchant ships unloaded at the wharves. The *Reina del Pacifico* came to anchor off a mile-long stretch of impressive waterfront buildings, fronted by a busy, tree-lined promenade and a beach with wooden bathing sheds and small-craft wharves. A swing-bridge over a canal or the neck of a lagoon, and connecting what was evidently the old and newer towns, carried a constant stream of pedestrians. On the old town side, right on the water's edge and evidently designed to guard the entrance, was a heavily-turreted, wide-bastioned castle, obviously of great age. Behind the quay on the new town side stood a low hill, up which stretched the town, a tightly-packed mass of three-storied houses. The streets visible from the ships were

busy with pedestrians and army wheeled traffic.

Grape sellers put out from the shore in dinghies. Standing in the boats, facing their course and pushing against the oars with short rapid strokes, they headed for the ship at a surprising speed. The AMGOT paper shilling was the lowest denomination in the possession of the troops; and both they and the boatmen seemed hazy about its value in grapes.

Lighters arrived promptly, and by midday two loads had left the *Reina del Pacifico*. By that time the 6 Field Ambulance personnel were hoping to get a meal before going ashore. However, a long, unhandsome craft named the *Messina*, evidently an adapted train-ferry and resembling several tiers of wharfing, was brought alongside by two tugs. In answer to a hail, the captain announced that he could take 7000 men, and the burdened crowd poured down the jiggling gangway onto the sun-warmed decks of the *Messina* and left for the shore, where the troops were marching through the old town to the divisional bivouac area, five miles to the north.

On the quay there was the usual confusion with its attendant delays; but finally, at half past one, the unit set off on its march to the bivouac area. The district through which the route lay presented a dismal scene. Many buildings were badly battered, and roads were torn up where the drainage system had been disrupted by bombs. The inhabitants looked poor and bedraggled, underclothed and underfed.

Breakfast had been early, it was a hot day, and the road ran uphill. Hungry and fed up, the troops were exhausted by the time they had tramped two and a half miles up the **Taranto**-Martina road and a mile and a half along an undulating cart track that ran over lightly wooded hillsides to the **Santa Teresa** track junction, where, adjacent to a large house occupied by HQ 2 NZ Division, a dressing station and evacuation point was to be established.

Meanwhile, the *Messina* had returned to the *Reina del Pacifico* with

unloading parties, including a 6 Field Ambulance party detailed to look after the medical equipment. The crates were slung up out of the holds and over the rails by the ship's derricks, many showing the result of the handling received from inefficient Egyptian stevedores. Suspended cases streamed yellow and white tablets and assorted items of medical stores from between broken boards. Others touched down with a rattle of broken glass. The party collected the gear and stacked it in a space allotted to the unit, and moved to the rail to chaffer with the grape vendors.

Another ship was occupying the berth allotted to the *Messina*, which was compelled to back in between a merchant steamer and an unloading barge. The only gangways available, found after an exhaustive search, were two twelve-inch scaffolding planks. Over these every item of equipment from the *Reina del Pacifico* was manhandled ashore. One of the tarpaulin shelters, a difficult six-to-eight-man lift at any time, almost found a destination in the Gulf of **Taranto**.

The unloading was finished by electric light, and the 6 Field Ambulance gear stacked ready for loading on trucks. The men had a meal of bully beef, tinned fruit, jam and bread from the many broken cases that strewed the wharf, and then, on being told that there was no transport to take them or the gear to the camp, they settled down to sleep among bales and cases, with the bustle of unloading still going on about them.

### *The First Night at Santa Teresa*

It was a quarter to three when the unit reached the divisional area. All thoughts and conversation were on the subject of food; unfortunately there was none. The unit rations and equipment, assumed to have been sent forward promptly, were still on the wharf awaiting transport. The cooks were helpless. Finally, some oddments of dry rations were distributed, and the cooks of Divisional HQ provided tea. With a certain amount of bitter comment the men settled down under the olive trees for the night. Fortunately the weather was warm and bedrolls were not

missed.

Trucks arrived at the wharf early on the 10th, and the baggage party loaded on the gear, scrambled on themselves, and set off for the camp, passing through the drab streets with their endless three-story buildings. All windows and shopfronts were shuttered. The trucks ploughed through deep pools of water where the mains and drains had burst, sending muddy waves washing against the walls and among the piles of rubble and fallen bricks.

At **Santa Teresa** conditions were good and the area pleasant. Although noticeably low-lying, the ground was firm and clean. Across a gully, evidently an old quarry but now overgrown with rough shrubs and wild flowers, stood a barracks building, housing many Italian soldiers who were still in uniform and who seemed to have plenty of time on their hands. The house on the other side of the track, occupied by Divisional HQ, was the home of the landowner, reputed to be a count, who had fled with the retreating Germans and Fascists.

As all British hospitals were evacuating patients to **Sicily** and North Africa, a large detachment of HQ 6 Field Ambulance returned to **Taranto** on the 10th and established an MDS in the Archæological Museum building to hold New Zealand patients.

### *The MDS in Taranto*

The detachment took over the second-story wing of the Archæological Museum, with windows overlooking two courtyards. The wing consisted of two wide galleries, clean and with large windows giving plenty of light. The floor was covered with good cork linoleum. One gallery was used as four wards, stretchers being laid in rows, with ample passageway between. What was intended to be a 50-bed MDS became a hospital holding more than twice that number of patients. The staff slept in the other gallery, and a small, self-contained block was used for officers' mess and sleeping quarters.

**Wires for patients' mosquito nets were strung from home-made brackets, and at the end of the ward gallery a treatment room, dental theatre, and later a small blanket-curtained operating theatre were partitioned off. Both cookhouse and hospital suffered from shortage of equipment. The cooks, who often catered for as many as 200 men, had only one burner, and in addition were short of petrol. The medical sections worked with two thermometers for four, later five, wards and had to conserve medical supplies drastically. Worn-out primuses were a constant source of annoyance and delay. In spite of the fact that any amount of rubbish could have been dumped in most parts of the town without its presence being noticed, all refuse had to be carted outside the city area.**

**Fortunately, the museum was in one of the cleaner areas, and was comparatively removed from those quarters where strident-voiced mothers screamed for missing Marias and Ninas. The quiet was disturbed only by the uproar of the departure each evening of the **Bari** bus from the street outside, and the nightly passing of a crowd of garrulous Italian sailors returning to their ships.**

### ***ADS with 6 Brigade***

**Sixth Brigade was bivouacked along both sides of the **Santa Teresa-Statte** track, on rolling, rocky country that was lightly wooded with olive trees. A Company, 6 Field Ambulance, operated the ADS in an area adjoining that of the brigade band, on a narrow strip between the track and a dry riverbed to the east, where the ground fell away in precipitous scrub-covered cliffs. At the time the band was practising 'The Bohemian Girl', and the familiar airs often floated over the company lines.**

**The evacuation section operated the only working centre, holding patients in a shelter borrowed from HQ. The rest of the company covered the surrounding countryside in daily, two-hour route marches, and constructed a metalled road to and from the shelter. Like HQ, A Company was handicapped by lack of equipment, though limited**

supplies were drawn from 70 British General Hospital and 7 Advanced Depot Medical Stores.

Excellent rations and a plentiful supply of grapes and almonds no doubt contributed to the good health of the whole company at this time. Wine, too, was plentiful, which gladdened the hearts of those who were not teetotallers, though it may not have improved their health. An innovation that caused almost unanimous satisfaction was the weekly issue of reputable brands of cigarettes in airtight tins of fifty in place of the lung-searing 'Vs'. The sole dissenter was a somewhat individualistic combination of orderly, company clerk, and stretcher-bearer, who stoutly asserted that he had always enjoyed smoking 'Vs' and wished that he could still get them.

The medical units at **Santa Teresa** found it a pleasant farming district. The olive trees were laden with fruit, and all around the peasants were manuring the ground, carrying the manure to the fields in carts drawn by powerful but docile white oxen with enormous, spreading horns. The oxen and the peasant families were housed in a low, whitewashed stone building adjoining the count's residence. Grape, nut, pomegranate and wine vendors stood about the fringes of the company area. The wine was dark and rather sour, and a little of it went a long way. It was not intended to be drunk in large quantities; and those who quaffed it as they were in the habit of quaffing beer found themselves miserably raiding the bismuth-and-soda bottle next day.

Some of the men used to cross the gully to where the Italian soldiers sat around a bonfire and passed the evenings singing songs and arias from grand opera. It was good entertainment for the New Zealanders, whose experience of spontaneous mass singing had been confined to carousals and the wailing of Egyptian labour gangs.

The days were spent on duty in the medical centres and cookhouse, in metalling the more important areas, or on route marches. In the splendid autumn weather the route marches were a source of pleasure, being more in the nature of leisurely rambles; and the company tramped



for miles over the undulating countryside, passing through olive groves, vineyards, and fields of crops, and scrambling over the ancient stone walls that the Italians use as fences.

A wall newspaper was started in one unit on 17 October, the contributions being hung on a board nailed to a tree. In the unit were men of all manner of views, beliefs, and opinions, many adhering to them to an extreme degree; but a sound editorial committee managed to keep things under control.

### *Leave in Taranto*

Leave to visit **Taranto** was liberally granted, and although unit transport was limited there were many vehicles on the roads and hitch-hiking was a simple matter. The town itself had little to offer to the motley crowds of Allied troops who thronged its dingy streets. What had appeared from the troopships to be a canal proved to be the entrance to a large inner harbour, called the Mare Piccolo, in which many cruisers, submarines, and motor torpedo-boats of the **Italian Fleet** still lay at anchor. The exaggerated magnificence of the Italian naval officer's uniform was well in evidence in the vicinity. It was hard to believe that men could take themselves seriously while wearing such a rigout.

**Taranto** and its rival port of **Bari** were the chief markets of a fertile, intensively farmed hinterland. Nevertheless, **Taranto** was short of food, and long queues in the market each morning, with civil police present to keep order, soon bought up all the available vegetables, fish, and fruit. The fish were minute, smaller even than sardines, and there seemed to be no root crops among the vegetables.

There was little evidence of bombing in the areas away from the waterfront, though the station was badly smashed. The more important streets were well paved and maintained. Beyond lay a maze of smaller streets and alleys that were broken, neglected, and dirty. There were two large, pleasant squares near the MDS. In one was a small, tree-planted enclosure, and in the other stood a massive, muscular, emotionally

posed group of statuary, a memorial of the First World War. Opposite the statuary, in what had once been a fine café, the NZ **YMCA** opened reading and writing rooms and provided tea. Facilities were limited, and troops were instructed to take their own pannikins. Some did so. Others relied on borrowing and fared just as well, as no one can reasonably refuse to lend a drinking mug for a few moments. Later, a **Naafi** opened in the other square. **ENSA** took over a concert theatre near the waterfront and screened a series of good films. The seating accommodation was excellent, but the ventilation system left much to be desired. When the house was full the crowd literally stewed.

And, as **Pte A. T. Green**, <sup>1</sup> of 6 Field Ambulance relates:

‘Some of the coffee shops served a satisfying beverage. Though the coffee was ersatz, it was boosted with a liberal dash of rum. Inevitably, however, the favourite resorts of troops were the wineshops. Usually operating in back rooms, and filled with soldiers and sailors of a variety of nations singing or fighting with alcohol-inspired camaraderie or rage, they were guaranteed to provide an interesting afternoon. The source of half of the pleasure of such occasions is the constant awareness that a single word out of place can change a friendly carousal into a brawl.

‘The New Zealanders were still incognito, which was to their advantage in their dealings with the local populace, who, filled with Axis propaganda, imagined them to be some particularly savage breed of barbarians. However, to anyone familiar with them they were unmistakable. For example, could a band of hard-visaged, rather more than ordinarily brawny soldiers, cavorting jovially along with dainty brassieres strapped on over their battle-dress jackets, be anything but New Zealanders?’

### *A Foretaste of Winter*

The long spell of warm autumn weather was finally broken. Showers of rain on 11 October freshened both town and countryside, filling the

air with a moist, earthy fragrance. The first rain seen since the storm at **Djebibina** in **Tunisia**, it stirred memories of distant occasions amid New Zealand scenes. However, five nights later a heavy downpour startled the bivouacked units in the divisional area, and set them to deepening drainage ditches and raising bedding clear of the ground. On 28 October there was a violent thunderstorm. During the afternoon clouds banked up, and about five o'clock the storm burst upon the **Taranto** region. With the thunder came torrential rain that lasted for about four hours. The thunder and lightning were almost continuous, and the barrage balloons over **Taranto** came down in flames, one by one, the coils of their cables causing trouble where they fell.

In the early hours of the morning the storm began again, continuing steadily for about three hours, and then on and off for the whole day. Out at the flooded A and B Company areas the men sloshed through the chewed-up mud between the wide pools of water, again attempting to improve the drainage system. The night of the 30th brought another storm, with thunder and lightning and drenching rain; but by that time the unit areas were in such a mess that it was regarded almost with indifference.

## *CCS Arrives*

In the wake of the field ambulances, the CCS arrived at **Taranto** on 22 October on the *Egra* and *Oronda* and marched to the divisional area north of **Taranto**. The unit was in time for the heavy rains.

Upon arrival the bivouacs were set up under the olive trees and upon whatever high ground was available. Already in this task were met the first of the difficulties that **Italy** was to bring to soldiers accustomed to desert conditions. In sandy surroundings it had always been possible to dig down below the surface, but here it was different. Southern Italy has a heavy rainfall in winter, and as it was obvious that dugouts would soon become mud-holes, it was necessary to raise bivouacs above mud level. This was achieved by making a building platform—a square of heavy stones packed with earth—and on these the small tents were erected.

Accustomed in the past to the many comforts of the hospital—stretchers, plenty of blankets, shelter in the wards, etc.—all the staff now keenly felt the absence of these. A bed now consisted of two blankets and a groundsheet. Later, however, extra blankets were issued and some salvage came to hand. With boxes and tins from the latter, many improvements were effected. The cookhouse was established in a small shed, but the cook's never-ending task of feeding the multitude was hindered by the lack of sufficient utensils and dixies. Petrol tins were sterilised and used as food containers while, with clever improvisation, a desert-type oven of mud, stones, and tins was built. This allowed greater variety in the menu. Rations and water were delivered daily, the latter being stored in the two-gallon tins carried from Egypt.

When all the bivouacs had been erected, everyone was put to work making roads and paths. Since the unit was to be there for some weeks, it seemed obvious that mud would become the main problem when it rained. For days everybody carried stones and rubble to form paths, principal attention being paid to the cookhouse area. Stone fences are the only kind seen in Southern Italy. One of these bordered the road past the camp, and as the paths and roads grew longer so did it become lower.

At this time the nursing sisters were not with the unit but were staging and working at 70 British General Hospital just outside **Taranto**. Some of the CCS nursing orderlies and medical officers were also lent to the hospital, which was experiencing an extremely busy time dealing with casualties from the **Eighth Army's** advance beyond **Foggia**.

The days now were much shorter and dark descended at 5 p.m. Winter was rapidly drawing on. Summer clothing had been handed in and battle dress and gaiters became the dress. Extra blankets were issued; anti-malaria precautions ceased. Lighting on these long nights was a problem, since lanterns were scarce and the candle ration lasted only a few hours. Many and varied were the means by which bivouacs

were lit. A ration of kerosene was available and, although smoky, was burnt in a cigarette tin with a rope wick. Olive oil was also used in home-made lamps. In entertainment, too, the unit had to rely upon itself and devise its own means of spending the long nights. A mess tent had been erected by now and furnished with boxes and planks. Here card tournaments were played by the light of flickering lanterns. Quiz sessions were also held, and sometimes a lecture or informal talk was arranged by the entertainment committee.

This new country offered much of interest and in so many ways was different from other lands that the unit had visited. It was surprising to see how the old feudal system still existed, as did many other customs handed down from ancient times.

### *3 General Hospital at Bari*

In September 3 General Hospital had packed again, and its third anniversary on 29 October was celebrated on the hospital ship *Dorsetshire* in the **Mediterranean**. Arriving at **Bari** on the 31st, the unit was allotted two blocks of buildings in the Polyclinic to develop into a hospital. Construction of the Polyclinic had been begun by the Italians in 1932. The plan provided for the erection of 22 separate blocks of buildings, most of them to form separate clinics for the treatment of different diseases (hence the name Polyclinic). In 1940, when the Italian army took over the buildings, all constructional work was suspended. Only three blocks had been finished and the remainder were simply concrete and stone shells. One of 3 General Hospital's blocks was finished and one unfinished. They were given the names of **Tripoli** block and **Beirut** block respectively. The former block had been used by the Italians as a hospital, and they were still moving out. Members of the Italian medical corps carted equipment away and padres hovered about, distinguishable from the numerous civilian clergy only by the gold braid badge of rank worn on the sleeves of their flowing black gowns. **Beirut** block became the scene of much activity. Again the tradesmen of the unit proved their worth, and civilian labourers, painters, carpenters, and

bricklayers were brought in to assist. Doors and windows were fitted, partitions built, floors finished, and water supply and drainage systems installed. Until this block was made serviceable all patients were cared for in **Tripoli** block. Sisters and nurses had temporary quarters in **Tripoli** block, but after three weeks they occupied a small building given the name of **Helmieh** House. Thus the three previous sites of the hospital—**Helmieh**, **Beirut**, and **Tripoli**—were commemorated.

**Tripoli** block was occupied by the surgical division, and **Beirut** by the medical division, plus the laboratory, massage, occupational therapy and administrative departments, and the patients' recreation room. In the basements were the stewards', ordnance, linen, pack and medical stores, and the workshops for the carpenters, plumbers, and electricians on the staff.

Situated a convenient distance from the docks area and only a few minutes' walk from the railway station, the hospital was in a good position for receiving evacuees by either ambulance train or hospital ship. For the staff it was five minutes' walk to the city, while in the opposite direction not far from the hospital were fields planted with walnut and olive trees.

For the first two weeks of November, 64 sisters and nurses were attached for duty to 98 British General Hospital, one of the other hospitals in the Polyclinic, which was without its sisters. This assistance immediately helped to establish amicable relations between the two hospitals, a co-operation that continued after the British sisters had arrived and **NZANS** and **WAAC** returned to their own unit.

As 3 General Hospital was the first New Zealand hospital to operate in **Italy**, it was not long before an urgent demand was made for the accommodation of patients. The first patient was admitted on 5 November, to be followed by 32 from 6 MDS at **Taranto** next day. The familiar story of the opening stages of a hospital then followed, the number of occupied beds often becoming very near to the number equipped. The position was alleviated to some extent by the opening of 1

**NZ Convalescent Depot at Casamassima, 15 miles inland from Bari.**

## *Air Raid on Bari*

**Alerts and anti-aircraft fire became common as enemy aircraft sought to destroy **Eighth Army** supplies in **Bari** harbour. On the night of 2 December there was a disastrous raid. In the words of S-Sgt **Taylor**:<sup>2</sup>**

**‘The hour is 7.30. The hospital is functioning in the routine manner for the evening. We have a good number of patients in, and a stretcher party has left for the railway station to unload a convoy of casualties due to arrive from the front. Up-patients and staff off duty are at the pictures in the patients’ recreation room. The performance is interrupted by the coughing bark of Bofors guns, and we can see through the window spaces the red and yellow tracer shells angrily streaking skyward. The performance stops and the crowd disperses to handy shelter, for we have had barrages over the city before, but the alerts have never lasted more than half an hour, and we expect to be able to resume our enjoyment of the pictures in a short time....’**

**‘There are clouds in the night sky, and somewhere in those clouds lurk the enemy raiders. A dense fog, man-made, uncoils itself skywards, seeking to conceal from the Germans the object of their mission of destruction. A succession of equally spaced, parallel flashes, followed seconds later by a series of dull explosions, tells of a stick of bombs dropped from the planes above. There is a terrible beauty about the whole scene, reminiscent of a vivid fireworks display, only never did a child's fireworks have the evil significance of these instruments of destruction.’**

**‘Without warning, a vast fountain of flame, with multi-coloured jets streaming from the top, arises in the air about a mile away. Those who pause to gape at the scene are, a few seconds later, flung flat by the mighty blast that follows the terrific explosion which the flame implied. There is a rattling of glass fragments as many of the windows shatter under the pressure of the blast. We take stock of the damage. Temporary**

bricked-up window spaces have been flattened, and one of these has fallen inwards in a room which only this afternoon had housed patients. Doors have been wrenched from their frames or split completely in two. There are no reports of any of the staff or patients injured.

‘But the raid goes on. Leaping flames and billowing clouds of smoke show where bombs have found their mark. There is another enormous explosion and a leaping column of yellow flame. By now some of the casualties from the raid are beginning to reach the hospital. Many of these are covered in oil and suffering from one or all of the effects of blast, immersion, and burns. There are Americans, Poles, Indians, Norwegians, and Italians. Far into the night the staff works to treat them and put them to bed.’

Fires on ships in the harbour continued for two days. All units were warned to expect an even bigger explosion from one of the ships on fire stated to be loaded with TNT, but this fortunately did not eventuate, thanks to cold-blooded efficiency on the part of the **Royal Navy**. In all, 17 ships were lost and over a thousand casualties sustained, 77 of the injured being admitted to 3 General Hospital, while a further 80 were treated and discharged. The work of construction was set back considerably. Much work for the next week was devoted to filling up window frames with calico. Then casualties from the **Sangro** demanded attention.

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<sup>1</sup> **Pte A. T. Green**; born England, 17 Jun 1913; meter reader, **Wellington**.

<sup>2</sup> **S-Sgt A. J. Taylor**; born NZ, 30 Nov 1916; accountant, **Dunedin**.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**BACK in Maadi** at the beginning of June 1943, the field ambulances concentrated in an area near Maadi Camp Hospital. The camp was seriously overcrowded: 4 Field Ambulance had a limited but clean area near HQ 4 Armoured Brigade, 6 Field Ambulance was squeezed into an area that was totally inadequate for the organised sports that were to occupy an important place in the training envisaged, and 5 Field Ambulance had a most unsuitable stretch of sand and dust immediately behind the **Naafi** bulk stores. In this area was also 4 Field Hygiene Section. On 8 July, however, 5 Field Ambulance moved to a new area to the east of **Lowry Hut**, where there was much more space. When 6 Field Ambulance took over the huts vacated by 5 Field Ambulance, it expanded until the unit lines provided both adequate accommodation and a spacious parade and sports ground.

For many, however, the stay in unit lines was short. Those due to return to New Zealand on furlough under the Ruapehu scheme, the married men and some of the single men of the first three echelons, were marched out to another section of the camp where the furlough draft was concentrating. Though it was unknown to them at the time, for many it was a final goodbye to the units in which they had served for so long. Col Furkert was senior medical officer to the furlough draft, and **Col R. D. King** became ADMS 2 NZ Division, while **Lt-Col J. K. Elliott** was appointed CO 4 Field Ambulance.

After eight months of alternating action and boredom in empty deserts, all men turned their thoughts to leave, which was rapidly organised. Almost immediately parties left their units for a fortnight's change at leave camps by the sea at **Sidi Bishr** and **Nathanya**, or to hostels in **Cairo**, **Alexandria**, **Jerusalem**, **Tel Aviv**, and other places. All had such large credits in their paybooks that they were able to live lavishly, and all enjoyed the respite from a regimented existence.

The days of June were hot and dry and hardly conducive to the work of unloading and checking equipment. However, it had to be done. But there was no lack of energy for sport—cricket, tennis, baseball, rowing, swimming, athletics and yachting. Teams were entered in divisional competitions and inter-company games were arranged. In the baths at **Maadi** swimming carnivals and water polo games were held.

In July a training programme was instituted. Officers and men did special courses at hospitals. Most of the men soon lost any illusions they might have had about training in **Maadi Camp**. They fell in for hard work, plenty of it, and found it elementary compared with their accustomed duties in the field. Still, there were reinforcements to be broken in. The staff of 4 Field Hygiene Section was busy with its normal duties in the crowded camp. Medical officers attended a series of weekly discussions at Maadi Camp Hospital, designed to stimulate interchange of views on medical work and to standardise procedures in the field.

Some officers visited 4 Field Ambulance to view a demonstration of the erection of a 'penthouse', a lean-to type of tent designed for attachment to 3-ton cooks' and QM trucks, and destined to be the retreat of poker players, tipplers, and the well-known types, present in all units, who were always too tired to erect bivvies.

Companies of the field ambulances journeyed in turn to **Ain Sukhna**, on the shores of the **Red Sea**, for exercises. The tents were pitched along both sides of the road, where it skirted a series of bluffs that ran down to the shore. The heat was almost tangible. At the first free moment there was a concerted rush for the water, and the translucent shallows were soon whitened by splashing limbs. Throughout the stay at **Ain Sukhna** the men spent most of their time in the sea, the majority never tiring of floating face down and gazing through the clear, lukewarm water at the shoals of fantastically coloured fish that swam amongst the coral on the sea bed.

Between long spells of rest and recreation, the company carried out various types of training. After dark, tarpaulin shelters were erected

against the clock. The beach was a scene of dim activity, with the shadowy figures of men rapidly tossing out and unrolling the tarpaulins, and standing in pairs on the top of each truck, waiting to catch the thrown ropes and haul the edges of the shelters up on to the canopies. Shouted directions and the blows of sledge hammers on steel stakes rang through the night. In about 20 minutes the sections were ready to operate.

It was a good camp at **Ain Sukhna**, away from the irksome restrictions of Base. The training was pleasant and leisurely, and at night the men gathered for informal sing-songs and supper on the beach. Refreshed, they packed up and started out along the desert track to **Maadi**.

After that the units were once more together at **Maadi**, with the men spending their spare time quaffing beer in the **Naafi**, eating Groppi's ice cream in the **Lowry Hut**, or sitting on the hard, sandbag seats of the **El Djem** amphitheatre.

The number of original members of the units was further depleted on 2 September when men were marched out to join the second furlough draft. During the first days of September an unaccountable decree for route marching was issued—the reason was learnt later. Daylight or darkness, it made no difference: the men would find themselves tramping in column of route through the sand. However, a route march is more pleasant than many other forms of training; at least one can just tramp on, empty-minded and at peace. On 10 September the Medical Corps paraded on the Maadi Club sports ground, and awards were presented by the GOC. Next day was polling day for the General Election in New Zealand.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE HOSPITALS

### *The Hospitals*

In the hospitals life seemed uneventful after the excitement of the previous months, but work went on. At 1 General Hospital accidental injuries took the place of battle casualties, some of whom were invalided back to New Zealand on the hospital ships. Seasonal sickness, with the onset of another summer, brought an influx of patients from the concentration of troops in **Maadi Camp**. The 1762 admissions for July were the highest recorded since 1 General Hospital had been at **Helwan**, and helped to build up the total of 12.642 patients which it received during 1943. Patients were transferred periodically to **2 General Hospital** to ease the burden. The summer was very trying indeed, and its effect was shown on the staff. At **Tripoli** 3 General Hospital was kept busy; it found the summer the hottest of all.

Changes came about, too. With the furlough drafts, many of the sisters and men from all hospitals returned to New Zealand for well-earned rest, including most of the sisters who had arrived in the **Middle East** in the beginning and had paved the way in the hospital work that was now so well established. Farewell parties, large and small, were the order of the day; but the regrets of those leaving the units and breaking old associations were, generally speaking, overshadowed by the prospect of the reunions at home with families and friends after three and a half years of separation. The arrival of fresh staff with the 9th and 10th Reinforcements brought new blood into all the units. At the end of 1943 the staff changes at 1 General Hospital during the year were totalled up and found to comprise 35 medical officers, 82 sisters, 64 VADs, and 68 men.

On 12 June the staff of **2 General Hospital** were shocked by the news of the death of their popular and most capable commanding officer, Col Spencer, while on leave in **Tripoli**. He was a sad loss to the Medical

**Corps. Col H. K. Christie** was appointed CO of the unit, and **Miss V. M. Hodges** became Matron on **Miss Brown's** return to New Zealand. The matron of 1 General Hospital, **Miss E. C. Mackay**, was promoted to the position of Principal Matron in succession to **Miss Nutsey** on 22 November and was succeeded at 1 General Hospital by **Miss M. Chisholm**, while **Miss M. E. Jackson** became matron of 3 General Hospital.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ANOTHER CAMPAIGN AHEAD

### *Another Campaign Ahead*

Leave over, the field medical units began to reorganise and re-equip in preparation for the next campaign. Equipment was repaired and brought up to scale, while the transport was completely overhauled. Reinforcements were received, inoculations brought up to date, and winter clothing issued.

Rumours about the future were very strong—in fact it had become fairly obvious that the Division was destined for operations in **Italy**. During the summer months the Allies had pressed steadily on. Mussolini had resigned, and the close of the Sicilian campaign with the fall of Messina on 17 August marked another great step forward. The Allied invasion of the Italian mainland began early in September with landings by Fifth Army at **Salerno** and **Eighth Army** across the Strait of Messina. On 1 October Allied forces occupied **Naples**.

In mid-September the Division moved to **Burg el Arab**, west of **Alexandria**. As part of a hardening process, the troops marched from **Mena** to the **Amiriya** crossroads, a distance of 99 miles. Some of the medical units did not have to march, as they were called upon to provide dressing stations on the route and at **Burg el Arab**.

Apart from morning route marches, no training was done at **Burg el Arab** during the next few days, and the medical personnel not running dressing stations camped on the flat ground between the coastal ridge and the glistening white sand dunes of the beaches, checked over equipment at leisure, availed themselves of day leave to **Alexandria**, or wandered down to the sea to swim, plucking ripe figs en route from the stunted trees that dotted the dunes. The drivers were kept busy checking over their vehicles and removing the canopies and supporting frameworks in preparation for loading them on the vehicle transports.

**There was still no hint of the future role of the Division, and the troops as usual were groping in a maze of conflicting rumours. A lecture on malaria, coinciding with the first issue of the little yellow mepacrine tablets, was considered to be of major significance until someone announced that malaria was prevalent in many parts of **Europe**. Finally, commanding officers delivered addresses, informing their units that the Division was about to go overseas. Beyond that they knew nothing, except that the future field of operations was a region infested with typhus and malaria.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## PREPARATIONS FOR DEPARTURE

### *Preparations for Departure*

The time for embarkation was obviously near when, on 25 September, orders were received to prepare staff tables and loading returns for vehicles. The units packed all equipment, removed shoulder titles and cap badges, and obliterated all divisional signs on the vehicles. Early in October the units moved to the embarkation transit camp which had been established in the stony, dusty waste of the **Ikingi Maryut** staging area. The troops, quartered in tents, were continually smothered in the fine dust that rose in swirling clouds on every breath of wind. It caked around the eyes and lips, and could be tasted in the mouth and gritted between the teeth. Conveniences were poor, and meals were of a nature requiring the minimum of preparation. A large tented **Naafi** served morning and afternoon tea and beer to an endless queue.

The men spent many hours rearranging packs, seeking to devise a load that included everything yet could be carried without making the bearer wider than the average door, and which would sit more or less comfortably on the back without giving a tortoise-like forward thrust to the head.

Embarkation rolls were prepared, and the minimum of equipment that would be required at the destination loaded and despatched to the personnel ships. The units assembled and marched to embussing points, the men tottering under a hundred-pound load that included, besides the normal packs, a bivouac tent, a bush-net with supporting poles, summer and winter clothing, a leather jerkin, spare boots, and a two-gallon water can. The gear was no sooner gladly dropped from already numbed shoulders than there came the inevitable order to pick it up again and change position. A fleet of 10-ton trucks arrived, and the troops clambered aboard, about twelve men to a truck, and set off for the docks



at Alexandria.

There was usually a long wait at the wharf, and scratch meals and hot tea were prepared while barges and lighters, each craft packed with khaki-clad, sun-tanned men, came and went between the shore and the troopships anchored out in the stream. Various units stood about in groups, clustered around their dumped piles of gear. No one seemed anxious to swing up his load until the last moment. One man who had sat down with his packs attached had to be assisted to an upright position. At last the men were told that they were moving off on the next lighter. They helped each other on with their packs and filed up a narrow, one-man gangway to the deck of their lighter, the bush-net bags and water cans, carried in either hand, bumping and clanking against the stanchions. Again the gear was thankfully dropped; and again and again it had to be picked up and moved as men were packed more and more closely on the deck. By the time the lighters pulled away from the wharf the men were completely immobilised in a tangle of equipment and legs.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## VOYAGE ACROSS THE MEDITERRANEAN

### *Voyage Across the Mediterranean*

The voyage of 6 Field Ambulance can be taken as typical of those of all the New Zealand medical units. The lighters carrying the unit drew alongside a towering, 17,000-ton transport and the troops were instructed to go aboard through one of the luggage ports in her side. What with the steeply-sloping gangway, the low entrance, and the tall packs, they had to be manhandled through like so many sheep. It was impossible to stoop low enough to get the packs under the top of the door without losing balance, so main packs were left on the lighter to be heaved aboard later. Carrying only hand luggage and side-packs or 'iggri bags', the men were guided along the shaft-like ship's corridors to their quarters on the lowest deck of the forepeak cargo hold.

With no natural light, poor ventilation, and permeated with the typical troopship's lower-deck atmosphere of perspiration and sour staleness, added to which was the hold's own native smells of cheese, garlic, and dried fish, the quarters were not regarded with any great enthusiasm. To make matters worse, most of the hold was taken up by mess tables and rifle racks. Hammocks were slung close together over the tables, with the ends of one row inserted between the ends of the next. After a brief inspection the older hands left to seek open-deck hammock sites. At tea-time the food proved unexpectedly good; but the messes were difficult to organise and there were long periods of waiting, both for the men at the tables and for the winding queue of mess orderlies.

The convoy of three transports, with an escort of five destroyers, moved from its moorings in the early morning of 6 October, and passing the smashed hulls and protruding masts of wrecked and sunken ships in the harbour, steamed slowly out through the boom. The troops lined the rails, gazing back at the domes and minarets of the mosques and the

magnificent buildings along the cornice, gleaming white and distinct in the sunlight and clear air of the warm Egyptian morning. There was a rapid flicker of morse from a destroyer as it surged past the *Reina del Pacifico*, and the three transports swung into line abreast and picked up speed. The first contingent of the New Zealand Division was on its way. A few hours later a message from the GOC was read over the loud-speaker system, telling the troops that they were bound for **Italy** and the prospect of battles under conditions very different from those of the campaign just ended.

**Alexandria** slowly faded from sight, and the coastal dunes of the **Western Desert**, the scene of so many memories, appeared for a few hours to the south and then sank below the skyline. The voyage was a succession of still, warm days, the convoy continuing in line abreast inside its cordon of destroyers, each ship towing its hauled in barrage balloon and slipping through a sea disturbed only by the hissing bow waves. Land was sighted on the 7th, and after a certain amount of discussion was identified as **Ras et Tin**, the western promontory of the Gulf of **Bomba**. Just before dusk on the same day, a convoy of some thirty merchant ships with escorting destroyers steamed past. In spite of orders forbidding the carriage of pets, **Lulu**, 6 Field Ambulance's pet hen, suddenly put in an appearance. She had been carried aboard in a box as a bivvy.

Mount Etna and **Sicily** were sighted to port at dusk on the 8th, and soon the hills of **Italy**'s toe rose into sight. Daylight on the 9th showed the convoy sailing close to and parallel with the coastline, and the ship's rails trebly lined with men examining and commenting on the countryside, its gently sloping hills and clusters of houses whose red roofs glowed like dull embers as they caught the morning sun. Trees appeared plentiful, both in ordered rows and blocks and straggling natural woodland; and the differing depths of colour in the patterned plots of green and brown told of intense cultivation. There was a promise of moist, cool winds and green fields after the arid dunes and escarpments of the desert.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## DISEMBARKATION AT TARANTO

### *Disembarkation at Taranto*

At 9 a.m. on 9 October the transports steamed slowly through the boom between the two stone moles that encircle **Taranto** harbour. A British monitor, several cruisers, surrounded by their anti-torpedo nets, and three or four American landing craft were moored in the stream, while an assortment of small merchant ships unloaded at the wharves. The *Reina del Pacifico* came to anchor off a mile-long stretch of impressive waterfront buildings, fronted by a busy, tree-lined promenade and a beach with wooden bathing sheds and small-craft wharves. A swing-bridge over a canal or the neck of a lagoon, and connecting what was evidently the old and newer towns, carried a constant stream of pedestrians. On the old town side, right on the water's edge and evidently designed to guard the entrance, was a heavily-turreted, wide-bastioned castle, obviously of great age. Behind the quay on the new town side stood a low hill, up which stretched the town, a tightly-packed mass of three-storied houses. The streets visible from the ships were busy with pedestrians and army wheeled traffic.

Grape sellers put out from the shore in dinghies. Standing in the boats, facing their course and pushing against the oars with short rapid strokes, they headed for the ship at a surprising speed. The AMGOT paper shilling was the lowest denomination in the possession of the troops; and both they and the boatmen seemed hazy about its value in grapes.

Lighters arrived promptly, and by midday two loads had left the *Reina del Pacifico*. By that time the 6 Field Ambulance personnel were hoping to get a meal before going ashore. However, a long, unhandsome craft named the *Messina*, evidently an adapted train-ferry and resembling several tiers of wharfing, was brought alongside by two tugs. In answer to a hail, the captain announced that he could take 7000

men, and the burdened crowd poured down the jiggling gangway onto the sun-warmed decks of the *Messina* and left for the shore, where the troops were marching through the old town to the divisional bivouac area, five miles to the north.

On the quay there was the usual confusion with its attendant delays; but finally, at half past one, the unit set off on its march to the bivouac area. The district through which the route lay presented a dismal scene. Many buildings were badly battered, and roads were torn up where the drainage system had been disrupted by bombs. The inhabitants looked poor and bedraggled, underclothed and underfed.

Breakfast had been early, it was a hot day, and the road ran uphill. Hungry and fed up, the troops were exhausted by the time they had tramped two and a half miles up the **Taranto**-Martina road and a mile and a half along an undulating cart track that ran over lightly wooded hillsides to the **Santa Teresa** track junction, where, adjacent to a large house occupied by HQ 2 NZ Division, a dressing station and evacuation point was to be established.

Meanwhile, the *Messina* had returned to the *Reina del Pacifico* with unloading parties, including a 6 Field Ambulance party detailed to look after the medical equipment. The crates were slung up out of the holds and over the rails by the ship's derricks, many showing the result of the handling received from inefficient Egyptian stevedores. Suspended cases streamed yellow and white tablets and assorted items of medical stores from between broken boards. Others touched down with a rattle of broken glass. The party collected the gear and stacked it in a space allotted to the unit, and moved to the rail to chaffer with the grape vendors.

Another ship was occupying the berth allotted to the *Messina*, which was compelled to back in between a merchant steamer and an unloading barge. The only gangways available, found after an exhaustive search, were two twelve-inch scaffolding planks. Over these every item of equipment from the *Reina del Pacifico* was manhandled ashore. One of

**the tarpaulin shelters, a difficult six-to-eight-man lift at any time, almost found a destination in the Gulf of [Taranto](#).**

**The unloading was finished by electric light, and the 6 Field Ambulance gear stacked ready for loading on trucks. The men had a meal of bully beef, tinned fruit, jam and bread from the many broken cases that strewed the wharf, and then, on being told that there was no transport to take them or the gear to the camp, they settled down to sleep among bales and cases, with the bustle of unloading still going on about them.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE FIRST NIGHT AT SANTA TERESA

### *The First Night at Santa Teresa*

It was a quarter to three when the unit reached the divisional area. All thoughts and conversation were on the subject of food; unfortunately there was none. The unit rations and equipment, assumed to have been sent forward promptly, were still on the wharf awaiting transport. The cooks were helpless. Finally, some oddments of dry rations were distributed, and the cooks of Divisional HQ provided tea. With a certain amount of bitter comment the men settled down under the olive trees for the night. Fortunately the weather was warm and bedrolls were not missed.

Trucks arrived at the wharf early on the 10th, and the baggage party loaded on the gear, scrambled on themselves, and set off for the camp, passing through the drab streets with their endless three-story buildings. All windows and shopfronts were shuttered. The trucks ploughed through deep pools of water where the mains and drains had burst, sending muddy waves washing against the walls and among the piles of rubble and fallen bricks.

At **Santa Teresa** conditions were good and the area pleasant. Although noticeably low-lying, the ground was firm and clean. Across a gully, evidently an old quarry but now overgrown with rough shrubs and wild flowers, stood a barracks building, housing many Italian soldiers who were still in uniform and who seemed to have plenty of time on their hands. The house on the other side of the track, occupied by Divisional HQ, was the home of the landowner, reputed to be a count, who had fled with the retreating Germans and Fascists.

As all British hospitals were evacuating patients to **Sicily** and North Africa, a large detachment of HQ 6 Field Ambulance returned to **Taranto** on the 10th and established an MDS in the Archæological Museum



**building to hold New Zealand patients.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE MDS IN TARANTO

### *The MDS in Taranto*

**The detachment took over the second-story wing of the Archæological Museum, with windows overlooking two courtyards. The wing consisted of two wide galleries, clean and with large windows giving plenty of light. The floor was covered with good cork linoleum. One gallery was used as four wards, stretchers being laid in rows, with ample passageway between. What was intended to be a 50-bed MDS became a hospital holding more than twice that number of patients. The staff slept in the other gallery, and a small, self-contained block was used for officers' mess and sleeping quarters.**

**Wires for patients' mosquito nets were strung from home-made brackets, and at the end of the ward gallery a treatment room, dental theatre, and later a small blanket-curtained operating theatre were partitioned off. Both cookhouse and hospital suffered from shortage of equipment. The cooks, who often catered for as many as 200 men, had only one burner, and in addition were short of petrol. The medical sections worked with two thermometers for four, later five, wards and had to conserve medical supplies drastically. Worn-out primuses were a constant source of annoyance and delay. In spite of the fact that any amount of rubbish could have been dumped in most parts of the town without its presence being noticed, all refuse had to be carted outside the city area.**

**Fortunately, the museum was in one of the cleaner areas, and was comparatively removed from those quarters where strident-voiced mothers screamed for missing Marias and Ninas. The quiet was disturbed only by the uproar of the departure each evening of the **Bari** bus from the street outside, and the nightly passing of a crowd of garrulous Italian sailors returning to their ships.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ADS WITH 6 BRIGADE

### *ADS with 6 Brigade*

**Sixth Brigade was bivouacked along both sides of the [Santa Teresa-Statte](#) track, on rolling, rocky country that was lightly wooded with olive trees. A Company, 6 Field Ambulance, operated the ADS in an area adjoining that of the brigade band, on a narrow strip between the track and a dry riverbed to the east, where the ground fell away in precipitous scrub-covered cliffs. At the time the band was practising 'The Bohemian Girl', and the familiar airs often floated over the company lines.**

**The evacuation section operated the only working centre, holding patients in a shelter borrowed from HQ. The rest of the company covered the surrounding countryside in daily, two-hour route marches, and constructed a metalled road to and from the shelter. Like HQ, A Company was handicapped by lack of equipment, though limited supplies were drawn from 70 British General Hospital and 7 Advanced Depot Medical Stores.**

**Excellent rations and a plentiful supply of grapes and almonds no doubt contributed to the good health of the whole company at this time. Wine, too, was plentiful, which gladdened the hearts of those who were not teetotallers, though it may not have improved their health. An innovation that caused almost unanimous satisfaction was the weekly issue of reputable brands of cigarettes in airtight tins of fifty in place of the lung-searing 'Vs'. The sole dissenter was a somewhat individualistic combination of orderly, company clerk, and stretcher-bearer, who stoutly asserted that he had always enjoyed smoking 'Vs' and wished that he could still get them.**

**The medical units at [Santa Teresa](#) found it a pleasant farming district. The olive trees were laden with fruit, and all around the peasants were manuring the ground, carrying the manure to the fields in**

**carts drawn by powerful but docile white oxen with enormous, spreading horns. The oxen and the peasant families were housed in a low, whitewashed stone building adjoining the count's residence. Grape, nut, pomegranate and wine vendors stood about the fringes of the company area. The wine was dark and rather sour, and a little of it went a long way. It was not intended to be drunk in large quantities; and those who quaffed it as they were in the habit of quaffing beer found themselves miserably raiding the bismuth-and-soda bottle next day.**

**Some of the men used to cross the gully to where the Italian soldiers sat around a bonfire and passed the evenings singing songs and arias from grand opera. It was good entertainment for the New Zealanders, whose experience of spontaneous mass singing had been confined to carousals and the wailing of Egyptian labour gangs.**

**The days were spent on duty in the medical centres and cookhouse, in metalling the more important areas, or on route marches. In the splendid autumn weather the route marches were a source of pleasure, being more in the nature of leisurely rambles; and the company tramped for miles over the undulating countryside, passing through olive groves, vineyards, and fields of crops, and scrambling over the ancient stone walls that the Italians use as fences.**

**A wall newspaper was started in one unit on 17 October, the contributions being hung on a board nailed to a tree. In the unit were men of all manner of views, beliefs, and opinions, many adhering to them to an extreme degree; but a sound editorial committee managed to keep things under control.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## LEAVE IN TARANTO

### *Leave in Taranto*

Leave to visit **Taranto** was liberally granted, and although unit transport was limited there were many vehicles on the roads and hitch-hiking was a simple matter. The town itself had little to offer to the motley crowds of Allied troops who thronged its dingy streets. What had appeared from the troopships to be a canal proved to be the entrance to a large inner harbour, called the Mare Piccolo, in which many cruisers, submarines, and motor torpedo-boats of the **Italian Fleet** still lay at anchor. The exaggerated magnificence of the Italian naval officer's uniform was well in evidence in the vicinity. It was hard to believe that men could take themselves seriously while wearing such a rigout.

**Taranto** and its rival port of **Bari** were the chief markets of a fertile, intensively farmed hinterland. Nevertheless, **Taranto** was short of food, and long queues in the market each morning, with civil police present to keep order, soon bought up all the available vegetables, fish, and fruit. The fish were minute, smaller even than sardines, and there seemed to be no root crops among the vegetables.

There was little evidence of bombing in the areas away from the waterfront, though the station was badly smashed. The more important streets were well paved and maintained. Beyond lay a maze of smaller streets and alleys that were broken, neglected, and dirty. There were two large, pleasant squares near the MDS. In one was a small, tree-planted enclosure, and in the other stood a massive, muscular, emotionally posed group of statuary, a memorial of the First World War. Opposite the statuary, in what had once been a fine café, the NZ **YMCA** opened reading and writing rooms and provided tea. Facilities were limited, and troops were instructed to take their own pannikins. Some did so. Others relied on borrowing and fared just as well, as no one can reasonably refuse to lend a drinking mug for a few moments. Later, a **Naafi** opened

in the other square. **ENSA** took over a concert theatre near the waterfront and screened a series of good films. The seating accommodation was excellent, but the ventilation system left much to be desired. When the house was full the crowd literally stewed.

And, as **Pte A. T. Green**, <sup>1</sup> of 6 Field Ambulance relates:

‘Some of the coffee shops served a satisfying beverage. Though the coffee was ersatz, it was boosted with a liberal dash of rum. Inevitably, however, the favourite resorts of troops were the wineshops. Usually operating in back rooms, and filled with soldiers and sailors of a variety of nations singing or fighting with alcohol-inspired camaraderie or rage, they were guaranteed to provide an interesting afternoon. The source of half of the pleasure of such occasions is the constant awareness that a single word out of place can change a friendly carousal into a brawl.

‘The New Zealanders were still incognito, which was to their advantage in their dealings with the local populace, who, filled with Axis propaganda, imagined them to be some particularly savage breed of barbarians. However, to anyone familiar with them they were unmistakable. For example, could a band of hard-visaged, rather more than ordinarily brawny soldiers, cavorting jovially along with dainty brassieres strapped on over their battle-dress jackets, be anything but New Zealanders?’

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## A FORETASTE OF WINTER

### *A Foretaste of Winter*

The long spell of warm autumn weather was finally broken. Showers of rain on 11 October freshened both town and countryside, filling the air with a moist, earthy fragrance. The first rain seen since the storm at **Djebibina** in **Tunisia**, it stirred memories of distant occasions amid New Zealand scenes. However, five nights later a heavy downpour startled the bivouacked units in the divisional area, and set them to deepening drainage ditches and raising bedding clear of the ground. On 28 October there was a violent thunderstorm. During the afternoon clouds banked up, and about five o'clock the storm burst upon the **Taranto** region. With the thunder came torrential rain that lasted for about four hours. The thunder and lightning were almost continuous, and the barrage balloons over **Taranto** came down in flames, one by one, the coils of their cables causing trouble where they fell.

In the early hours of the morning the storm began again, continuing steadily for about three hours, and then on and off for the whole day. Out at the flooded A and B Company areas the men slogged through the chewed-up mud between the wide pools of water, again attempting to improve the drainage system. The night of the 30th brought another storm, with thunder and lightning and drenching rain; but by that time the unit areas were in such a mess that it was regarded almost with indifference.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS ARRIVES

### *CCS Arrives*

In the wake of the field ambulances, the CCS arrived at **Taranto** on 22 October on the *Egra* and *Oronda* and marched to the divisional area north of **Taranto**. The unit was in time for the heavy rains.

Upon arrival the bivouacs were set up under the olive trees and upon whatever high ground was available. Already in this task were met the first of the difficulties that **Italy** was to bring to soldiers accustomed to desert conditions. In sandy surroundings it had always been possible to dig down below the surface, but here it was different. Southern Italy has a heavy rainfall in winter, and as it was obvious that dugouts would soon become mud-holes, it was necessary to raise bivouacs above mud level. This was achieved by making a building platform—a square of heavy stones packed with earth—and on these the small tents were erected.

Accustomed in the past to the many comforts of the hospital—stretchers, plenty of blankets, shelter in the wards, etc.—all the staff now keenly felt the absence of these. A bed now consisted of two blankets and a groundsheet. Later, however, extra blankets were issued and some salvage came to hand. With boxes and tins from the latter, many improvements were effected. The cookhouse was established in a small shed, but the cook's never-ending task of feeding the multitude was hindered by the lack of sufficient utensils and dixies. Petrol tins were sterilised and used as food containers while, with clever improvisation, a desert-type oven of mud, stones, and tins was built. This allowed greater variety in the menu. Rations and water were delivered daily, the latter being stored in the two-gallon tins carried from Egypt.

When all the bivouacs had been erected, everyone was put to work making roads and paths. Since the unit was to be there for some weeks,



it seemed obvious that mud would become the main problem when it rained. For days everybody carried stones and rubble to form paths, principal attention being paid to the cookhouse area. Stone fences are the only kind seen in Southern Italy. One of these bordered the road past the camp, and as the paths and roads grew longer so did it become lower.

At this time the nursing sisters were not with the unit but were staging and working at 70 British General Hospital just outside **Taranto**. Some of the CCS nursing orderlies and medical officers were also lent to the hospital, which was experiencing an extremely busy time dealing with casualties from the **Eighth Army's** advance beyond **Foggia**.

The days now were much shorter and dark descended at 5 p.m. Winter was rapidly drawing on. Summer clothing had been handed in and battle dress and gaiters became the dress. Extra blankets were issued; anti-malaria precautions ceased. Lighting on these long nights was a problem, since lanterns were scarce and the candle ration lasted only a few hours. Many and varied were the means by which bivouacs were lit. A ration of kerosene was available and, although smoky, was burnt in a cigarette tin with a rope wick. Olive oil was also used in home-made lamps. In entertainment, too, the unit had to rely upon itself and devise its own means of spending the long nights. A mess tent had been erected by now and furnished with boxes and planks. Here card tournaments were played by the light of flickering lanterns. Quiz sessions were also held, and sometimes a lecture or informal talk was arranged by the entertainment committee.

This new country offered much of interest and in so many ways was different from other lands that the unit had visited. It was surprising to see how the old feudal system still existed, as did many other customs handed down from ancient times.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 3 GENERAL HOSPITAL AT BARI

### *3 General Hospital at Bari*

In September 3 General Hospital had packed again, and its third anniversary on 29 October was celebrated on the hospital ship *Dorsetshire* in the **Mediterranean**. Arriving at **Bari** on the 31st, the unit was allotted two blocks of buildings in the Polyclinic to develop into a hospital. Construction of the Polyclinic had been begun by the Italians in 1932. The plan provided for the erection of 22 separate blocks of buildings, most of them to form separate clinics for the treatment of different diseases (hence the name Polyclinic). In 1940, when the Italian army took over the buildings, all constructional work was suspended. Only three blocks had been finished and the remainder were simply concrete and stone shells. One of 3 General Hospital's blocks was finished and one unfinished. They were given the names of **Tripoli** block and **Beirut** block respectively. The former block had been used by the Italians as a hospital, and they were still moving out. Members of the Italian medical corps carted equipment away and padres hovered about, distinguishable from the numerous civilian clergy only by the gold braid badge of rank worn on the sleeves of their flowing black gowns. **Beirut** block became the scene of much activity. Again the tradesmen of the unit proved their worth, and civilian labourers, painters, carpenters, and bricklayers were brought in to assist. Doors and windows were fitted, partitions built, floors finished, and water supply and drainage systems installed. Until this block was made serviceable all patients were cared for in **Tripoli** block. Sisters and nurses had temporary quarters in **Tripoli** block, but after three weeks they occupied a small building given the name of **Helmieh** House. Thus the three previous sites of the hospital—**Helmieh**, **Beirut**, and **Tripoli**—were commemorated.

**Tripoli** block was occupied by the surgical division, and **Beirut** by the medical division, plus the laboratory, massage, occupational therapy and

administrative departments, and the patients' recreation room. In the basements were the stewards', ordnance, linen, pack and medical stores, and the workshops for the carpenters, plumbers, and electricians on the staff.

Situated a convenient distance from the docks area and only a few minutes' walk from the railway station, the hospital was in a good position for receiving evacuees by either ambulance train or hospital ship. For the staff it was five minutes' walk to the city, while in the opposite direction not far from the hospital were fields planted with walnut and olive trees.

For the first two weeks of November, 64 sisters and nurses were attached for duty to 98 British General Hospital, one of the other hospitals in the Polyclinic, which was without its sisters. This assistance immediately helped to establish amicable relations between the two hospitals, a co-operation that continued after the British sisters had arrived and **NZANS** and **WAAC** returned to their own unit.

As 3 General Hospital was the first New Zealand hospital to operate in **Italy**, it was not long before an urgent demand was made for the accommodation of patients. The first patient was admitted on 5 November, to be followed by 32 from 6 MDS at **Taranto** next day. The familiar story of the opening stages of a hospital then followed, the number of occupied beds often becoming very near to the number equipped. The position was alleviated to some extent by the opening of 1 NZ Convalescent Depot at **Casamassima**, 15 miles inland from **Bari**.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## AIR RAID ON BARI

### *Air Raid on Bari*

Alerts and anti-aircraft fire became common as enemy aircraft sought to destroy **Eighth Army** supplies in **Bari** harbour. On the night of 2 December there was a disastrous raid. In the words of S-Sgt **Taylor**:<sup>2</sup>

‘The hour is 7.30. The hospital is functioning in the routine manner for the evening. We have a good number of patients in, and a stretcher party has left for the railway station to unload a convoy of casualties due to arrive from the front. Up-patients and staff off duty are at the pictures in the patients’ recreation room. The performance is interrupted by the coughing bark of Bofors guns, and we can see through the window spaces the red and yellow tracer shells angrily streaking skyward. The performance stops and the crowd disperses to handy shelter, for we have had barrages over the city before, but the alerts have never lasted more than half an hour, and we expect to be able to resume our enjoyment of the pictures in a short time....’

‘There are clouds in the night sky, and somewhere in those clouds lurk the enemy raiders. A dense fog, man-made, uncoils itself skywards, seeking to conceal from the Germans the object of their mission of destruction. A succession of equally spaced, parallel flashes, followed seconds later by a series of dull explosions, tells of a stick of bombs dropped from the planes above. There is a terrible beauty about the whole scene, reminiscent of a vivid fireworks display, only never did a child’s fireworks have the evil significance of these instruments of destruction.’

‘Without warning, a vast fountain of flame, with multi-coloured jets streaming from the top, arises in the air about a mile away. Those who pause to gape at the scene are, a few seconds later, flung flat by the mighty blast that follows the terrific explosion which the flame implied.’

**There is a rattling of glass fragments as many of the windows shatter under the pressure of the blast. We take stock of the damage. Temporary bricked-up window spaces have been flattened, and one of these has fallen inwards in a room which only this afternoon had housed patients. Doors have been wrenched from their frames or split completely in two. There are no reports of any of the staff or patients injured.**

**‘But the raid goes on. Leaping flames and billowing clouds of smoke show where bombs have found their mark. There is another enormous explosion and a leaping column of yellow flame. By now some of the casualties from the raid are beginning to reach the hospital. Many of these are covered in oil and suffering from one or all of the effects of blast, immersion, and burns. There are Americans, Poles, Indians, Norwegians, and Italians. Far into the night the staff works to treat them and put them to bed.’**

**Fires on ships in the harbour continued for two days. All units were warned to expect an even bigger explosion from one of the ships on fire stated to be loaded with TNT, but this fortunately did not eventuate, thanks to cold-blooded efficiency on the part of the [Royal Navy](#). In all, 17 ships were lost and over a thousand casualties sustained, 77 of the injured being admitted to 3 General Hospital, while a further 80 were treated and discharged. The work of construction was set back considerably. Much work for the next week was devoted to filling up window frames with calico. Then casualties from the [Sangro](#) demanded attention.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

# CHAPTER 15 – THE SANGRO BATTLES

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**WHEN** the Division's vehicles began to arrive in **Italy** at the end of **October**, the medical units used their three-ton lorries for carting stones. In any low-lying areas the winter rainstorms, the churning of thousands of Army boots, and the revolving wheels of trucks produced morasses of mud. While the Division waited to move forward, and indeed during the whole of the winter as the units moved to successive areas, roadmaking became a standard activity. Many an ancient stone wall contributed to the paving around the cookhouses and the entrances to medical units and wards.

When the third flight of vehicles arrived in the middle of November, the medical and other units were able to complete preliminary arrangements for the first of many moves eventually covering the whole length of **Italy**. The drivers who accompanied the vehicles had a few stories to tell. Some of them were at sea for 23 days, and after zigzagging all over the eastern end of the **Mediterranean** had sailed through the Strait of **Otranto**, in full sight of the German-held Albanian coast, to berth in **Bari** harbour for the night of the town's first air raid. At the first air-raid warning a smoke-screen was put up from the wharves. Half an hour later, when the smoke had completely dispersed, the raiders arrived. The troops were kept below decks, where they sat in the holds listening to the clamour of the anti-aircraft batteries on shore, the ships' machine guns and six-pounders, and the clatter of shrapnel on the steel plating above their heads. Apparently no damage was done, beyond the destruction of the balloon barrage by the anti-aircraft fire.

Fourth Field Ambulance, under **Lt-Col J. K. Elliott**, was the first to receive its transport—or, rather, part of it—and the beginning of the month found the unit redistributing loads and giving the vehicles a general cleaning up in readiness for the move with **4 NZ Armoured Brigade** to the divisional assembly area at **San Severo**. The arrival of the



vehicles was extremely haphazard; in fact, the priority vehicles—orderly room, dispensary, and ‘Q’ trucks and others—did not come to hand until the unit had been in **San Severo** for a week. Damage was considerable, few vehicles reaching the unit intact. The dental truck was dropped from a sling on the wharf at **Bari**, killing an Italian, and became a total loss. The HQ cookhouse was also extensively damaged.

The Division, coming again under command of **Eighth Army**, had been given the role of crossing the **Sangro River** and attacking a line along the heights to the north on which the enemy was now falling back.

Repacking of the 4 Field Ambulance vehicles for the move to the concentration area around **San Severo** was completed on 2 November. Skies were a dreary grey next morning when the convoy pulled out from the **Taranto** area. In a journey marked by many halts, the trucks passed olive plantations, vineyards, a countryside made picturesque with conical *trulli* huts, and hill villages with balconied houses huddled round the cobbled village square. Passing through **Altamura**, the unit reached the first staging area on high moorland country late in the afternoon. It was an empty, wet landscape, swept by bitterly cold winds.

The southern part of **Italy** was virtually untouched by the war, and it was not until **Foggia** was reached next day that the first physical signs of the war were visible in the ruined buildings of a bombed section of the town. Even then, it was not until the old familiar mine notices were met on the roads and byroads between **Foggia** and **Lucera**—**VERGES SWEPT, SAFE LANE**—and the convoy passed the burnt, crashed fighter plane lying in a field, that the New Zealanders knew that they were back again in the same war which led them through **Greece** and **Crete**, **Libya**, and through the desert to **Tunisia**.

**San Severo** was reached on the afternoon of the 4th. It was bleak and cold. The work of establishing an MDS in a derelict roadhouse, a two-storied building, began immediately on arrival. Companies pitched their tents on the western side of the building, concealing them as far as

possible with camouflage nets. By evening the MDS was holding five patients.

Fourth Field Ambulance left **San Severo** on 13 November for **Furci**, via **Serracapriola**, **Termoli**, and **Vasto**. With the exception of demolitions and an occasional derelict tank, few signs of battle were seen en route. The convoy had a painfully slow trip because all main bridges had been blown and rivers had to be crossed by means of one-way Bailey bridges. The country from the Trigno River northwards lay between the mountains and the sea and was broken and hilly, with devious, winding roads and hilltop villages. The soil was heavy and formed thick mud, and the siting of units depended entirely upon the possibility of getting vehicles off the road. In wet weather this became almost impossible. Units soon learned to observe the fundamental rules of fitting chains to vehicles before leaving the roads, parking above road level, and pointing the vehicles downhill towards the road.

The ancient hill villages in this part of **Italy** have narrow, oneway streets easily blocked by transport. In the cold, wet weather general at this time, buildings were a necessity both for nursing patients and billeting troops. The rather poor villages in the divisional area offered little in the way of suitable buildings for ADSs and still less for MDSs.

At **Furci** no suitable building existed. A Company therefore set up a small dressing station under canvas, while HQ remained on wheels. The tents proved moderately satisfactory as they were pitched when the ground was dry and the floors covered with straw. The ambulance was camped at an altitude of 1500 feet in attractive, extensively cultivated hill country to which numerous, quaint hilltop towns and villages added a touch of the picturesque. Sparsely wooded, the slopes offered broad vistas of hill and dale.

Fifth Field Ambulance, under Lt-Col McQuilkin, had moved up to **Lucera** on 9 November, when it opened an MDS, and then on the 15th advanced twelve miles further to **San Severo**, where its role was to hold a large Fascist Youth Centre building for the CCS. Again it was partially

occupied, and this time disgustingly filthy. The previous occupants had apparently dumped their rubbish out of the windows, for the yards and passage-ways were piled high with an accumulation of rotting debris. Infuriated fatigue parties were immediately detailed to clean up the building and surroundings. On the 17th the cleaning up, scraping, and scrubbing were still going on. Heaps of rubbish were burned and the work of disinfecting the place was begun.

Meanwhile, flights of transport had been arriving in **Italy**, and at **San Severo** the last of the unit vehicles caught up. The precious lighting-plant trailer had been badly smashed, but the engine was useful in augmenting the very poor lighting in the building. The MDS had become an unofficial transit camp, accommodating odd medical parties and vehicles passing through to their units.

Much to the annoyance of everyone, when the CCS arrived on 20 November there were complaints about the dirty condition of the building. The 5 Field Ambulance comment was that it was a pity the CCS had not arrived first. The CCS took over, and the field ambulance moved forward on the 20th. Turning inland south of **Vasto**, the unit reached **San Buono**, where the MDS was opened on the 21st. It was a Sunday and the day of a saint. The celebrations became thanks for liberation. Bells in a belfry right above the MDS rang all day.

With the departure of the units of 6 Brigade Group from the **Taranto** area on 13 November, A Company, 6 Field Ambulance, was left isolated. The men wandered through the vacated areas, investigating the salvage heaps and unearthing a quantity of useful equipment. The local Italians also availed themselves of the opportunity, and peasant women trudged through the olive trees in the direction of Statte with great burdens of firewood and discarded home-made utensils. There was an occasion when one group thoroughly earned their booty. Two members of A Company discovered a number of gas containers about twenty yards up wind from the band of industrious peasants, and with the childlike, irresponsible curiosity that comes of long years in the ranks, they immediately set about igniting them. In a matter of seconds the tear gas

had enveloped the Italians and their donkey cart, and they staggered bewilderedly in all directions, doubled up, hands pressed to eyes, uttering shrill, plaintive cries. The unfortunate donkey seemed to lose interest in life completely; standing limp, with his head hanging to the ground, he looked the very embodiment of utter misery.

The soldiers might have been expected to feel at least a shade of regret; but such was not the case. Deciding that they had been granted the chance of a lifetime, they carried the remaining generators back to the company lines, where they ignited them and threw them into bivvies in which their comrades dozed, and scattered and infuriated inoffensive groups of card players and natterers. One NCO, more thoughtful than the rest, protested and pointed out that the Italians might spread a rumour that the New Zealanders were preparing to use chemical warfare.

The 6 Field Ambulance MDS, under Lt-Col Fisher, remained in **Taranto** until 19 November, when it vacated the museum building. It had performed an important task, having admitted 493 patients, and had been directly responsible for the retention in **Italy** of many men who would otherwise have been evacuated.

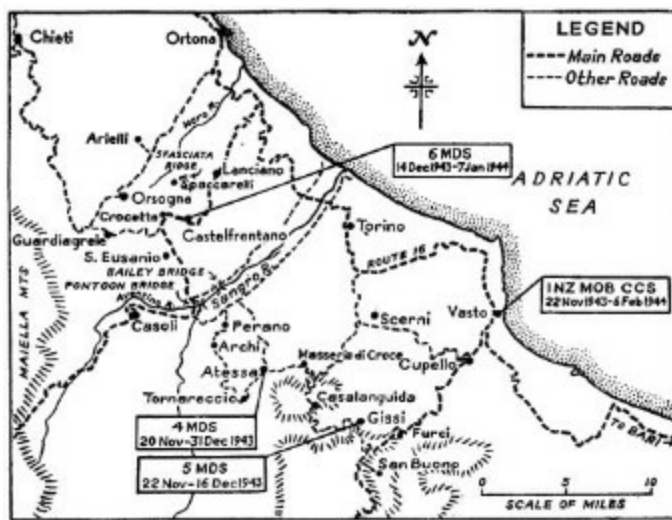
The port and warship anti-aircraft guns at **Taranto** had opened up during the evening of 17 November and hammered away for about 20 minutes. The reason was not known, and there was no sign of aircraft or bombing. In fact, the only explosion heard at the MDS occurred when one of the officers took a drink from the wrong bottle and hurriedly spat out a mouthful of benzine over a burning pressure lamp. The resultant 'Whooff!' rattled every window in the building.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 'WINTER LINE'

### *'Winter Line'*

The Allies were nearing the strongest belt of prepared defences yet encountered in **Italy**, the German '**Winter Line**', made the more formidable by swift-flowing rivers, steep and muddy ridges, and the precipitous crags of the **Apennines**. Varying in depth up to 20 miles, it spanned the waist of **Italy** from the **Sangro** to the mouth of the **Garigliano River** in the Gulf of Gaeta. In order to break through this barricade across the roads to **Rome**, **Eighth Army** was concentrating its main effort between the confluence of the **Sangro** and **Aventino** rivers and the **Adriatic**, simultaneously attempting to deceive the enemy into believing that an attack was about to be made on the mountain front. It was hoped that when bridgeheads across the **Sangro** had been established a swift breakthrough would follow, ending with the cutting of the important lateral road between **Rome** and **Pescara**, and perhaps with the fall of **Rome** itself. The **New Zealand Division**, having taken up positions secretly, was to cross the **Sangro** and press on with all speed, cutting the enemy's prepared **Winter Line** positions, capturing **Castelfrentano**, **Guardiagrele** and **Orsogna**, and finally **Chieti**. Approaches to the **Sangro** were overlooked by the high ridgetop towns of **Tornareccio**, **Archi**, and **Perano**, which were still in enemy hands, when, on 14 November, the **New Zealand Division** assumed responsibility for the left flank sector of the **Eighth Army** line formerly held by **8 Indian Division**. In order to keep the arrival of the **New Zealanders** a secret until the last possible moment, **19 Indian Infantry Brigade** was placed under **New Zealand** command and given the task of driving the enemy off the ridges south of the river.



*Sangro and Orsogna Battles*  
**Sangro and Orsogna Battles**

**Tornareccio** was captured by the Indians on the night of 14-15 November. Heavy rain during the night drenched the countryside, so that vehicles found the soaked ground impassable on the morning of the 15th. Under leaden skies, with heavy rain falling at intervals, the Divisional Cavalry, the artillery, and part of 4 Armoured Brigade prepared for action. With great difficulty in seas of sticky, clinging mud, artillery regiments moved forward to support the attack beyond **Atessa**. A Company of 4 Field Ambulance, under **Maj W. M. Platts**,<sup>1</sup> moved up from **Furci** to **Casalanguida** next morning and established an ADS in the local tavern. The route through **Furci**, **Gissi**, and **Atessa** was over a country road with all bridges and culverts destroyed and unsuitable for dense traffic. The distance, as the crow flies, was four miles; by road it was about twelve miles, and this represented a day's journey. On the day before A Company occupied the tavern the landlord had been arrested as a Fascist and obstructionist. The New Zealanders, however, were able to negotiate successfully with the landlord's representative regarding the use of the rooms.

More rain and even deeper mud handicapped operations on the 18th, when New Zealand armour went into action for the first time. After stubbornly resisting the Punjabis and the New Zealand tanks, the enemy withdrew from **Perano**, then demolished the only remaining bridge across the **Sangro**.

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<sup>1</sup> **Maj W. M. Platts; born Port Chalmers, 6 Nov 1909; Medical Practitioner, Christchurch Hospital; Officer i/c VD Sec Maadi Camp Hosp; OC Maadi Camp Hosp 1941-Jun 1942; 6 Fd Amb Jul 1942; 4 Fd Amb Aug 1942-May 1944; wounded 15 Apr 1943.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 MDS SETS UP AT ATESSA

### *4 MDS Sets Up at Atessa*

During the early hours of 19 November, 6 Brigade moved up to occupy front-line positions overlooking the road and the river flats between two tributary streams of the **Sangro**, the Pianello and the Apello. The trucks of 4 Field Ambulance had to struggle painfully over crowded mountain roads, rapidly breaking up under heavy traffic and constant rain, to reach **Gissi**, where it was intended the MDS should operate in the coming battle. Although the distance to the forward dressing stations was not great, it soon became apparent that the time taken to traverse the winding hill roads with their many demolitions was far too long to suit the needs of an efficient medical service. Consequently, on the 20th the reception, evacuation, and operating sections, together with the transfusion unit, cooks' and orderly-room trucks and signal van, moved ten miles in the pouring rain to **Atessa**. At **Gissi** 5 Field Ambulance, moving up from **San Buono**, took over the building to run an MDS for sick, and 6 Field Ambulance reached the town on 23 November.

Faced with the task of taking all New Zealand cases and doing all the operative work in the coming action, 4 Field Ambulance established an MDS in the civil hospital in **Atessa**, which it took over from 6 ADS. The building, which had been knocked about by shelling and the roof repaired with canvas, was still occupied in parts by nuns engaged in nursing civilian sick and wounded in wards on the ground floor. It was decided that the civil hospital was too cramped for use other than as an operating centre. Part of the unit, therefore, moved into the school and established a dressing station, sending the cases requiring operation to the surgical centre in the hospital building, which was equipped with two theatres. Capt A. W. Douglas, with his surgical team, and **Capt J. M. Staveley**, with the transfusion unit, had joined the MDS for the coming



**battle.**

**By the morning of 21 November New Zealand troops were securely established on the southern edge of the Sangro river flats. Orders were issued that 2 NZ Division would cross the Sangro and establish a bridgehead from which to continue the advance. However, weather interfered and the attack, which was to have been launched on the night of 21-22 November, was postponed from day to day. On the 26th the river was high and running 15 knots; patrols seeking crossing places were at times swept from their feet. Finally, zero hour was fixed at 2.45 a.m. on the 28th.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE MEDICAL PLAN

### *The Medical Plan*

**The operation was of a type completely new to 2 NZ Division medical units. In earlier campaigns the field ambulances had almost invariably been able to collect patients from the RAPs by ambulance car. In the Sangro crossing, however, the regimental medical officers with their staffs and equipment were to move forward on foot; and between the RAPs and the ADS there would be a swiftly-flowing, ice-cold river, fordable only with difficulty even in the most favourable places.**

**It was certain that there would be casualties before bridges could be erected and ambulance cars could get through. The collection of casualties forward of the RAPs would have to be done by stretcher-bearers as usual, augmented when possible by jeeps, and evacuation from RAP to ADS would have to be by the same slow and laborious means.**

**The Strada Sangritada, the lateral road on the south bank of the Sangro, was the point nearest to the river to which it would be practicable to run ADS ambulance cars during the infantry crossing. Along this road, opposite the assault area, were the battalions of 5 and 6 Infantry Brigades, and on the evening of the operation car posts, with two four-wheel-drive ambulance cars and one jeep fitted with a two-stretcher frame, would be established. Two ADS stretcher squads and four battalion bearer squads were detailed to cross the river with each medical officer to carry back the wounded. The ADS bearers were also to be prepared to carry back across the river to the car posts any casualty whose chances of survival would be endangered by an enforced wait at the RAP for the completion of the bridges and the arrival of the ambulance cars. At the ADSs, preparations were made for the treatment of the inevitably large number of cases who would be suffering from shock as a result of the delay in evacuation and the cold, wet**

**conditions.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE ADSS

### *The ADSs*

After handing over to 4 MDS at **Atessa**, B Company, 6 Field Ambulance, under Maj Edmundson, as ADS for 6 Brigade, had moved forward five miles to set up in a farmhouse about half a mile from the Via Sangritada. Most of the men installed themselves in a thatched hut, bedding down beneath racks of drying tobacco leaves. Others dug in and erected bivvies. As, from day to day, the attack was postponed, the company had little to do beyond treating and evacuating an occasional casualty and attending to a trickle of sickness cases. The area was in sight of the German positions; but no **Red Cross** signs were displayed as it was thought that they would give away positions of troops and indicate the point selected for the river-crossing. Consequently, the house came in for its share of shellfire.

On 23 November several shells landed in the area, hitting three parked Engineers' trucks, wounding several men, and blowing up a compressor. It was growing too hot a spot for a dressing station, and the company packed up the equipment and moved into the bed of a nearby stream, a tributary of the **Sangro**, and set up among thickets of bamboo, the men digging themselves into the muddy banks. It was a desolate place. The nights were cold and the days dismal, and rainstorms were heavy and frequent. With the movement of troops and transport, the countryside slowly disappeared under the mud.

B Company, 5 Field Ambulance, under Maj MacCormac, as ADS for 5 Brigade, had accompanied the brigade to the south of the **Sangro** on its five-day journey from **Taranto**, beginning on 18 November. When the ADS arrived at its destination, the Germans arranged a stirring welcome by dropping several shells in its area. The shelling continued on and off, two duds finally damaging the latrine. After that the vehicles were taken farther round the hill, out of sight of the German observation posts, and

**things quietened down. On the 26th the ADS moved two miles farther up, to a valley one mile behind the start line, and awaited the coming attack.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE SANGRO CROSSING

### *The Sangro Crossing*

Although the skies remained heavy and low with cloud, and the wind bleak and cold, the rain ceased at last and the river began to fall. Throughout the 26th and 27th medium and fighter-bombers of the **RAF** flew over to batter the German defences. At 7.30 p.m. on the 27th the stretcher-bearers from 5 and 6 ADSs went to the battalion positions. Two and a half hours later they moved forward in pitch darkness with the files of infantrymen, squelching through the mud and wading across the icy streams of the **Sangro** riverbed. The main stream was waist-deep, with a swift, powerful current. Struggling with the stretchers, and almost paralysed by the cold, it was only with difficulty that they managed to keep their feet.

The battalions reached the northern bank and waited in silence until 2.45 a.m., when the artillery barrage opened and the infantry advanced to the attack. The medical officers and stretcher-bearers followed up and established the RAPs in suitable farm buildings. The teams attached to the 25 Battalion RAP found themselves approaching the crest of the low hills that rise from the bank of the river. Coming under shell and machine-gun fire, they were compelled to move back down the slope. The 26 Battalion RAP, with two stretcher-bearer teams attached, occupied a farmhouse at the foot of the heights, where they were sheltered from machine-gun fire but came in for a considerable amount of shelling. One ADS team only was attached to each of the 21, 23, and 24 Battalion RAPs.

The men from the ADSs worked with the RAP personnel, treating casualties brought in by the regimental stretcher-bearers, until about 2.30 p.m. They then assisted in the search for casualties left lying in the wake of the advance. Two teams went out to collect a number of wounded reported lying in minefields to the rear of 26 Battalion RAP. It

was nerve-wracking work, each man treading with involuntary but futile caution in the darkness. Only one man was unfortunate enough to tread on a mine. Evacuated with ankles shattered and extensive body wounds, he died in the CCS a week later.

Throughout the night engineers had worked on the construction of two bridges, a Bailey bridge for 5 Brigade and a pontoon bridge on the 6 Brigade sector. At 8.10 a.m. the pontoon bridge received a direct hit which destroyed one span, killed nine men, and wounded several more. It was then subjected to continuous, accurate shellfire that made further progress impossible. The Bailey bridge was completed and had to suffice for both brigades, constituting a disheartening bottleneck. For the casualties accumulating at the RAPs the delay was serious. As the morning wore on it seemed that some of the more urgent cases would have to be carried back across the river, an operation that might have ended in disaster.

However, at half past ten the first ambulance car appeared at the 26 Battalion RAP, and at the sight of one load of casualties leaving for 6 ADS the situation seemed less desperate. After another long wait, ambulance cars and jeeps began to arrive at all RAPs. The stretcher-bearers carried on searching for wounded. Finally, their work finished, they made their way back to the ADS by twos and threes, helping walking wounded across the river en route.

Inside the shelters, with sterile instruments laid out ready and stretchers mounted over stoves for the treatment of shock, the orderlies on duty at the ADSs awaited the first casualties. A few, wounded by mines in the riverbed, arrived at 8.30 a.m., but the rush did not start until the evacuation from the RAPs across the river began. Many were in poor shape, urgently needing warmth and blood transfusions.

The stream of wounded continued throughout the day. There was no further shelling in the vicinity of 6 ADS. The German gunners seemed to be concentrating on the destruction of the Bailey bridge; but, in spite of heavy fire, it escaped damage. Admissions eased off during the night,

**and the orderlies were able to catch up on a little sleep. By ones and twos the stretcher-bearers arrived exhausted, and turned in. On the 29th, casualties merely trickled through. Among them were Italian civilians, Germans, and conscripted Poles in German uniform.**

**Having failed to destroy the bridge by shellfire, the enemy began bombing and strafing it, but again was unsuccessful. The RAF took a hand in this activity, and soon dogfights were in progress over the river.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WOUNDED ARRIVE AT THE MDS AND CCS

### *Wounded Arrive at the MDS and CCS*

The first patients, mainly mine casualties, reached 4 MDS about 10 a.m. Heavy shelling and mortaring of the bridges and deep mud on the north bank of the river, negotiable only by jeeps fitted with chains, was delaying the evacuation of casualties. Most of the battalions were equipped with jeeps fitted with stretcher gear made in the divisional workshops. A constant stream of wounded all day until past midnight gave the attached surgical teams and the unit operating teams no let-up. Altogether 131 casualties were admitted and 110 evacuated during the day. With each ambulance car able to make only one trip back to **Vasto**, it looked at one stage as though the medical units would be short of transport, but the situation was relieved in the afternoon by the arrival of ten **American Field Service** ambulance cars.

On 29 November 42 wounded were admitted, 14 of them being Germans. Evacuation to the CCS proceeded smoothly, the MDS being emptied of all the previous day's admissions, with the exception of abdominal cases and a few men so seriously wounded in chest and limbs that they were unable to travel.

Just before the battle, 1 Mobile CCS, under Lt-Col Button, had moved up. The Heavy Section, under Maj Brown, stopped at **San Severo** to provide a staging post near the railhead there, but the Light Section went 70 miles farther up the coast to **Vasto**, where a large three-storied building held by 5 Field Ambulance was occupied on 22 November. The first casualties were received next day. On the 28th came the wounded from the **Sangro** crossing, 100 being admitted during the afternoon and evening.

The journey by ambulance car from 4 MDS at **Atessa** was over treacherous, rough roads. Though only a distance of 30 miles, the

ambulances often took four to five hours on the journey, which was via **8 Indian Division's** supply route through Scerni and **Cupello** to **Vasto**. At night, in blackout conditions, the going was much slower and not without hazard, there being ever the danger of the ambulance slipping off the road in the mud. Frequently there were delays when heavy army trucks skidded across the road and blocked it. Patients, not to mention the drivers, were very fatigued when they eventually arrived at **Vasto**, and greatly appreciated a wash and the comfort of new dressings, pyjamas, and, above all, a hot meal.

Since abdominal cases would hardly have survived the trip by this route, they were retained at the MDS at **Atessa**. Several of these serious cases were being held, and on 1 December the CCS sent forward two nursing sisters, Sisters Simpson <sup>2</sup> and Cannell, <sup>3</sup> to provide the special post-operative nursing that these patients required. This was the first time that sisters had worked in an active MDS. The sisters (Sister Ussher <sup>4</sup> replacing Sister Simpson) remained at the MDS for three weeks.

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<sup>2</sup> Sister Miss I. M. Simpson, m.i.d.; born **Invercargill**, 11 Feb 1913; Nurse; Sister 2 Gen Hosp Aug 1941-Sep 1943; 1 Mob CCS Sep 1943-Aug 1944; 2 Gen Hosp Aug 1944-Jun 1945.

<sup>3</sup> Sister Miss M. W. Cannell; born **Cambridge**, 19 Apr 1911; Nurse; Sister 3 Gen Hosp Aug 1941-Jul 1943; 1 Mob CCS Jul 1943-Mar 1944; 3 Gen Hosp Mar 1944-Sep 1945.

<sup>4</sup> Sister Miss A. B. Ussher, ARRC; born NZ, 19 Nov 1915; Nurse; Sister HS **Maunganui** Apr-Nov 1941; 1 Gen Hosp Nov 1941-Mar 1943; 1 Mob CCS Mar 1943-Mar 1944; 2 Gen Hosp Mar 1944-Feb 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CASTELFRENTANO REACHED

### *Castelfrentano Reached*

By last light on 30 November the infantry were about four miles north of the river and approaching **Castelfrentano**. The ADSs received orders to follow up, and at half past five next morning B Company, 6 Field Ambulance, moved forward, crossed the river, and set up again outside another farmhouse on the ridge above the north bank. It was a bleak, exposed position. The men dug in, working in a high, cold wind and driving rain. Throughout the day a few casualties were carried in, and were treated and sent on to 4 MDS.

During the day B Company, 5 Field Ambulance, moved across the **Sangro** and set up again on a cart track on the northern bank, about three miles east of the main road to **Castelfrentano**. There were dogfights overhead as the company was crossing the Bailey bridge, and one German aircraft came crashing down.

Batteries of artillery, sited a short distance to the rear of 6 ADS, were firing over the dressing station, and every report seemed to slam against the canvas of the shelters. At times enemy aircraft bombed the gun positions, but it was apparent that the pilots made every effort to avoid the **Red Cross**.

At 7 a.m. on 2 December, 24 Battalion entered **Castelfrentano**, and by twenty minutes past eight the town was cleared of enemy troops. At midday 6 ADS packed up equipment preparatory to moving forward. While the company waited, about 20 German fighters passed overhead and again bombed the bridge. Again they failed to hit it. An hour later the company moved up the winding road to **Castelfrentano** and established the ADS in the school, a strong, three-storied building of modern construction. 5 ADS was now about a mile and a half south-east of the town.

Clustered on the highest point of a range of hills, **Castelfrentano** was in full view of enemy-held **Orsogna**, which lay to the north-west, sprawled along the top of the next ridge. Consequently, black-out precautions had to be rigidly observed. The largest building in the town, the school, towered above the surrounding houses, and on arrival 6 ADS set to work nailing blankets over its rows of blown-in windows.

The infantry were advancing across the valley beyond, and throughout the afternoon and night casualty-laden, mud-plastered jeeps and ambulance cars moved in and out of the school yard. The artillery had moved up into the valleys on either side of the town, which rocked to the gunfire when, at first light on 3 December, 6 Brigade made an unsuccessful attempt to advance through **Orsogna**. The enemy appeared to be determined to hold the village and ridge at all costs.

**Castelfrentano** was frequently shelled during the days that followed, and many civilians were injured. The ADS invariably admitted and treated them, though orderlies and medical officers had their hands full with the stream of casualties from the forward units. Familiar as they were with shocking injuries and death, the men were moved to pity at the sight of wounded and bewildered children who could not understand the disaster that had overtaken them.

Patients were evacuated down the main road to the Bailey bridge. It was a good route, given good conditions; but the **Sangro** was rising again, and ambulance cars were often delayed by traffic jams and mud. Despite the fact that patients were transferred at the A Company, 6 Field Ambulance car post, under Capt H. S. **Douglas**,<sup>5</sup> on the south bank, ambulance cars were away for three and four hours at a time on each trip. By nightfall on the 3rd the approach to the Bailey bridge had so deteriorated that it was practically impossible to cross in darkness. One driver took through a load of abdominal cases urgently needing surgical attention, but the remainder of the casualties were kept at the ADS until morning. With further rain on the 4th, the Bailey bridge was out of reach by midday.

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<sup>5</sup> **Maj H. S. Douglas, MBE; born Hamilton, 26 Sep 1906; Medical Practitioner, Pukekohe; Medical Officer Maadi Camp Hosp Jan-Aug 1942; 6 Fd Amb Aug 1942-Dec 1944.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HQ 6 FIELD AMBULANCE CROSSES THE RIVER

### *HQ 6 Field Ambulance Crosses the River*

**HQ 6 Field Ambulance was ordered to move to the north bank of the Sangro on the 5th. In the morning, however, though the weather was fine, the river was still in flood. The pontoon bridge, which had finally been completed on the 6 Brigade axis, had been washed away during the night.**

**The unit left Masseria di Croce after lunch, by-passed Atessa, and became enmeshed in miles of banked-up transport at the one-way Bailey bridge. Trucks were bogged and in the process of being hauled out, and wheels spun in the morass of the recently flooded approaches. Finally reaching the other side, HQ moved up a rough, deeply-rutted track to a sodden, ploughed field that had been planted in wheat. The field contained a few red farm buildings; but they were too dirty and evil-smelling to be of any use. Fortunately there were two large straw stacks near the buildings, and the straw served to keep bedrolls from the muddy earth.**

**Immediately on arrival, the CO (Lt-Col Fisher) visited the ADMS (Col King), who instructed him to transfer the unit operating, resuscitation and post-operative nursing teams to 4 ADS, under Capt J. S. McVeigh, <sup>6</sup> situated in farm buildings near the junction of the Sangro and Aventino rivers, on the main road south from Castelfrentano, where they would be in a position to perform immediately any necessary surgery should the river again become impassable.**



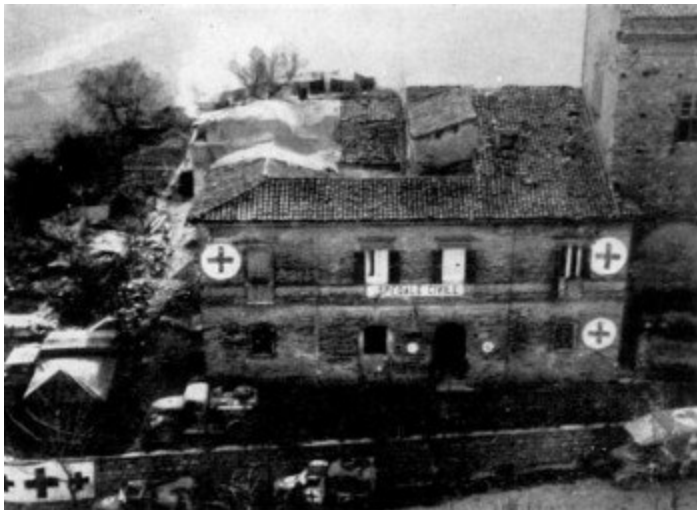
*5 Field Ambulance trucks moving up to the Sangro, November 1943*

**5 Field Ambulance trucks moving up to the Sangro, November 1943**

*4 Field Ambulance ADS at Casalanguida, near the Sangro*



**4 Field Ambulance ADS at Casalanguida, near the Sangro**



*4 Field Ambulance MDS at Atessa for the Sangro attack*

**4 Field Ambulance MDS at Atessa for the Sangro attack**



*5 Field Ambulance ADS at the Sangro*

***5 Field Ambulance ADS at the Sangro***

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**<sup>6</sup> Maj J. S. McVeigh; born NZ, 17 May 1914; Medical Officer, Prince Alfred Hospital, Sydney; Medical Officer, Maadi, Feb-May 1941; Mob Surg Unit Jun 1941-Feb 1942; 1 NZ CCS Feb-Aug 1942; 4 Fd Amb Aug 1942-Mar 1943.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## DAYLIGHT ATTACK ON ORSOGNA

### *Daylight Attack on Orsogna*

The enemy continued to shell **Castelfrentano** and the surrounding roads. Airbursts exploded around the church tower, where a flash-spotter was operating, and often at night shells sizzled over the roof of the school where 6 ADS was, causing the occupants of the top floor to think uneasily of the flimsy covering of tiles above their heads. Many Italian civilians were killed and wounded. Though dwelling in a town of some 13,000 inhabitants, they were largely peasantry, part of the region in which they had been reared, and they seemed incapable of tearing themselves away. One afternoon a pale, thin, unhappy-looking Italian wandered into the ADS building and played for hours on the school piano. He played beautiful music exquisitely, while outside was the clamour of gunfire, and farther down the street shells crashed among the buildings.

The flow of casualties gradually slackened until the 7th, when 6 Brigade made a daylight attack on **Orsogna**. The ADSs sent stretcher teams forward to a Bailey bridge, where the secondary road from **Castelfrentano** to **Orsogna** crossed the **Moro River** at the village of **Spaccarelli**. Their job was to carry casualties across in the event of the bridge being destroyed.

The barrage opened at 1 p.m. From the northern windows of the school building, to which 5 ADS had also moved, the shells could be seen creeping up the opposite ridge and exploding among the buildings. The 25-pounders began firing 300 yards ahead of the advanced positions and worked forward, while the mediums bombarded **Orsogna** itself. Gradually the 25-pounders lifted, until the whole concentration was pouring into the yellow-brown pall of smoke that covered the village. Medium and fighter-bombers flew over continuously until the smoke made accurate bombing impossible.

The infantry advanced up the slopes through shell, machine-gun, and nebelwerfer fire, and fought their way into **Orsogna**. The tanks were held up by a road demolition at the entrance to the village, and on finally passing it were unable to advance further in the face of fire from enemy tanks concealed in houses and alleyways. The infantry, still fighting in the village, were compelled to retire to their original positions on the withdrawal of the armour at 4 a.m. on the 8th.

The bridge across the **Moro** remained undamaged, and casualties were taken back to the ADSs steadily and without delay. There were fewer than had been expected, and the rush was over by nightfall.

The first wounded from the attack reached 4 MDS at **Atessa** at 5 p.m., and 71 had been admitted by midnight. Through the night and the next day and night, the MDS worked continuously to full operative capacity. On the 8th, when 166 casualties were admitted and 159 transferred, the road to **Vasto** was clearer, and it was possible for ambulance cars to make the return trip to the CCS in five hours instead of a whole day. Two more surgical teams were attached during the day, one from 5 Field Ambulance, under Capt **Cowie**,<sup>7</sup> and another from 127 British Paratroop Field Ambulance. By the 9th the rush was over, though there were over sixty admissions on that and the succeeding day.

Fighter-bombers again attacked **Orsogna** during the morning of the 8th. Then seven Me109s dived on **Castelfrentano** and bombed it. The guns fired continuously, day and night, and the dust of shellbursts hung over **Orsogna**, which was beginning to acquire among the Italians the name of *Piccola Stalingrada!*

By this time the troops were making friends among the civilians. To many of the ADS staff, 'off duty' meant sitting in some amiable family circle, feet up to the charcoal brazier, or, with infinite gentleness, treating burns, boils, and pimples on the anatomies of *signorine*.

The weather grew colder and the winds more bleak and piercing. At

times the hills and the mountains to the west, the Montagna della Maiella, disappeared in thick fog, and dull reports and dim, watery flashes were the only signs of the guns down in the valley.

For two days the countryside remained blanketed in fog. The situation was comparatively quiet, and as many sick as wounded were passing through the ADSs.

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<sup>7</sup> **Maj G. B. A. Cowie; born Masterton, 20 Jul 1911; Medical Practitioner, Masterton; Medical Officer 2 Gen Hosp Nov 1941-Oct 1942; 5 Fd Amb Oct 1942-May 1944; 2 i/c 4 Fd Amb May 1944-Feb 1945.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 MDS IN CASTELFRENTANO

### *6 MDS in Castelfrentano*

On 14 December 6 MDS moved west to the main road and proceeded to **Castelfrentano** to establish an MDS in the school. Lt-Col Fisher left at 8 a.m., and the remainder of the vehicles moved individually throughout the day. This precaution was considered necessary as a long stretch of the road, lying below and in full view of **Orsogna**, was subjected to spasmodic shelling.

The road was muddy and churned up by tires and wheel chains. The trucks wound up the steep valley from the river, passing dumps of stacked ammunition, batteries of medium guns and 25-pounders, and roadside notices forbidding the use of headlights. Some of the guns were silent; others were firing in the direction of **Orsogna**, a line of buildings along the ridge ahead, overlooking the valley. Crossing the railway at **Crocetta**, they emerged on to a stretch of road running past the smashed brickworks and up the final slope to **Castelfrentano**, where down-coming traffic was flying past at a reckless, speedway pace, and the trucks going up were pushed unmercifully in the drivers' anxiety to reach cover. This was the 'Mad Mile' of the **Orsogna** battles. In full view of the German positions, it was frequently and accurately plastered with shells. To the apprehension of the orderly room staff, their truck suddenly developed transmission trouble and barely managed to limp round a bend into shelter before coming to a stop. It was towed the last 400 yards into **Castelfrentano**, and the unit squeezed its vehicles into the tight mass of trucks and houses and set up immediately. Attached to the unit were 1 General Hospital surgical unit, a British surgical team, and 102 Mobile VD Treatment Centre, one of the two Base treatment centres having been made mobile to treat venereal disease within the Division.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## SFASCIATA RIDGE

### *Sfasciata Ridge*

After days of rain and mud, which postponed all projected operations, it was decided that 5 Brigade, with 18 and 20 Armoured Regiments under command, would attack to cut the **Orsogna- Ortona** road. Zero hour was set at 1 a.m. on 15 December. On the 14th a section of B Company, 5 Field Ambulance, left **Castelfrentano** by jeeps and ambulance cars and travelled to the foot of the **Sfasciata Ridge**, where an ambulance car post was established. From there equipment was carried by jeep westward along the ridge. The forward resuscitation post was set up on the ridge and ready to operate by 12.30 a.m. Half an hour later the attack started, and at 1.30 a.m. the first casualties were arriving. On the 15th, 115 casualties were treated and seven blood transfusions given. On the muddy slopes it often took six men to carry one of the wounded, and additional stretcher-bearers were required. More of B Company and the men from the brigade band shared in the toil. During rush periods assistance was given by the medical officers of 18 and 20 Armoured Regiments, Capts S. B. **Thompson**<sup>8</sup> and E. O. **Dawson**.<sup>9</sup>

The stretcher-bearer reinforcements were roused from their beds in their snug **Castelfrentano** houses at 2.45 a.m. on the 15th. They set off on foot, down the hill and across several valleys and streams, arriving at the 23 Battalion RAP at half past four, where they spent the rest of the night bedded down in a ditch. Heavy gunfire continued until daybreak, making sleep impossible. At 6 a.m. the men were placed in relay stretcher squads between the 21 Battalion RAP and the resuscitation post. Shortly afterwards casualties, mostly Maoris, began trickling back from the RAP. About seven o'clock biscuits and bully beef were sent along. German aircraft bombed points here and there, and the region was lightly shelled more or less continuously. The situation was

distinctly unpleasant, and did not improve when American aircraft came over and bombed the region, killing one New Zealander. By 3.30 p.m. the RAPs were clear and the stretcher-bearers returned, some to the ADS and others to remain at the resuscitation post.

The first casualties reached 6 MDS at 2 a.m. and kept it moderately busy; three operating teams were at work by 9 a.m.

Night after night these men of B Company, 5 Field Ambulance, went forward, carrying back from the RAPs, until by the 22nd, the whole company was up on the **Sfasciata Ridge** and a full ADS was established. Engineers had been at work improving the track up to the location, and it was now accessible to ambulance cars. **S-Sgt H. W. Burley**<sup>10</sup> worked ahead of the skeleton ADS assisting and directing the stretcher-bearing, and was awarded the Military Medal.

**Castelfrentano** settled down to another spell of comparative quietness. Women plodded up the tracks from the fields with loads of laboriously gathered firewood. The old men stood and talked in front of the AMGOT office. Soldiers in their leather jerkins and rolled-up balaclavas, and girls with New Zealand badges pinned to their coats and jumpers, strolled in the street. Casualties were few, though the Germans methodically shelled gun positions and road junctions each night and occasionally bombarded the town. When not being bombed **Orsogna** looked quiet and peaceful, and many civilians asserted that the enemy had withdrawn. Members of 5 ADS doubted this when they turned out to play a game of soccer in a field below the town and were immediately scattered by airbursts.

By this time 4 Field Hygiene Section, under **Maj H. T. Knights**,<sup>11</sup> had installed its hot-shower plant in a house about a mile to the south of the town, and in spite of the miserable, bitterly cold weather the showers were always crowded. Privacy was unnecessary. Italian women filled cans and buckets from a canvas water tank at the front of the house, without so much as a casual glance at the naked men darting in and out of the doorway. In another house on the **Orsogna** side, the NZ

**YMCA** opened a canteen where soldiers could buy tea and biscuits and read ancient copies of New Zealand illustrated papers. The **Mobile Cinema Unit** had arrived and was screening films to crowded houses of New Zealanders and Tommies in the local theatre, a hall at the southern end of the school building.

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<sup>8</sup> **Capt S. B. Thompson**, DSO; born **Christchurch**, 19 Dec 1916; House Surgeon, Christchurch Hospital; Medical Officer 1 Mob Surg Unit Nov 1941-Mar 1942; RMO 18 Bn Mar 1942-Feb 1944; 2 Gen Hosp May 1944-Jan 1945.

<sup>9</sup> **Maj E. O. Dawson**; born **Australia**, 2 Feb 1917; House Surgeon, Christchurch Hospital; Medical Officer Maadi Camp Aug 1941-Jun 1942; RMO 20 Bn Jun 1942-Jun 1944; 4 Fd Amb Jun 1944-Jun 1945; Repatriation Hospital UK Jun-Sep 1945.

<sup>10</sup> **WO 1 H. W. Burley**, MM, m.i.d.; born **Auckland**, 9 Aug 1916; Methodist minister; NCO 5 Fd Amb 1941-44, RSM Apr 1944-Feb 1945.

<sup>11</sup> **Maj H. T. Knights**, m.i.d.; born **Auckland**, 23 Jan 1908; Medical missionary, Belgian Congo; Medical Officer 3 Gen Hosp Mar 1941-Jun 1943; OC 4 Fd Hyg Sec Jul 1943-Dec 1944.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ATTACK ON FONTEGRANDE

### *Attack on Fontegrande*

Completely blocking the advance, **Orsogna** was turning out to be a tough nut to crack. Actually, it was too tough a nut; but that was not realised yet.

Throughout the afternoon of the 23rd bombers had roared over **Castelfrentano**, and great fountains of smoke and debris sprang up from the buildings of **Orsogna**. In the early hours of the 24th an attempt was made to split the enemy forces and turn the **Orsogna** defences from the north. Following a heavy barrage, 5 Brigade advanced behind **Orsogna** from the east to capture Fontegrande, a hill feature to the north.

Casualties were carried from the RAPs by tottering stretcher-bearers to the resuscitation post, whence the jeep drivers would, after reassuring the patients of the strength and security of the flimsy-looking stretcher frames, take them to the car posts over the track running along the crest of **Sfasciata Ridge**. At the car posts the wounded were transferred to four-wheel-drive ambulance cars for the journey to the ADS. There was heavy shelling during the day, some bursts landing on the ridge above the ADS.

The ambulance drivers and orderlies going from the ADS to the MDS had an unenviable time, traversing the Mad Mile as rapidly as possible, yet compelled to keep down the speed to avoid endangering the lives of the wounded. Often the ambulances were trailed by other vehicles whose drivers, naturally enough, wished to share the protection of the **Red Cross**.

The MDS at **Castelfrentano** worked steadily. The casualties were carried from the ambulance cars by stretcher-bearers drawn from A Company and the attached ASC, and deposited in the reception section



room. The section took them in the order of their urgency, treated their wounds, and sent them to the evacuation section for nursing care until they could be despatched back to the CCS, or else sent them on to the operating theatre. There was seldom a let-up.

‘Always there were casualties lying awaiting attention,’ wrote Pte H. Brennan.<sup>12</sup> ‘No sooner was one load dealt with than the stretcher-bearers were staggering in with another load. A man would be carried in moaning with every breath. Another, wounded in the head, squirmed continuously, like an impaled insect, until he died. A Maori, with a hole brimming with blood in his thigh, seemed ashamed because the flesh quivered away from the scalpel, and tried to hold it still by gripping firmly around the limb above the wound. Always, at about midnight, came the day's casualties from the Parachute Regiment, from whose position away on the flank it was possible to evacuate only at night.

‘All the theatres were operating continuously. There the torn, mangled, often filthy flesh was removed, to be replaced by so many clean, sharp cuts, with locked artery forceps hanging to each lip. The teams were quiet, the work going steadily forward. Under the circle of light from the cluster of bulbs overhead, all attention centred on the incision in which the surgeon was working at the time. Simultaneously, a tray of freshly sterilised instruments was being prepared for the next patient, still in reception awaiting his turn or perhaps in the heated atmosphere of the resuscitation room, where men lay on stretchers propped over kerosene heaters, and the bottles of blood on the frames attached to the recipients' stretchers looked like thick, red jellies.

‘In the room set aside for abdominal post-operative care, men were constantly and carefully being restored to positions from which they involuntarily moved or slid down. There was a continual moaning and gasping, and a continual demand for attention. A patient would be vomiting half-digested blood over his blankets and the floor, while the orderlies would be too busy with others to attend to him. From time to time, in the middle of such scenes, there would be the arrival of a new case from the theatre.

**‘With blankets and twine the sanitary squad sewed bodies into surprisingly shapely bundles, to be buried in the graveyard near the crossroads below the town. On one occasion the Germans opened fire on the cemetery area during a burial service, sending the grave-diggers diving headlong into spare graves.’**

**On Christmas Day 6 Brigade relieved 5 Brigade on the sector east of Orsogna. B Company, 6 Field Ambulance, left Castelfrentano on the 25th and 26th, and moved down the muddy, shell-cratered road into the valley, then north through the hills to the Moro River to relieve 5 ADS. Though the ADS area was on a slope, the ground was so muddy that the vehicles had to be manoeuvred into position by bulldozers. The tarpaulin shelters were erected with difficulty and the men dug themselves into the hillside.**

**The rain continued through the night of the 27th, and the stretcher-carrying jeeps and Humber ambulance cars had difficulty in reaching the RAPs. However, the weather gradually improved, the rain disappearing before a bitterly cold wind that dried and hardened the ground. There were few casualties, which was fortunate, perhaps, for the ambulance drivers and orderlies, as the Germans were shelling and mortaring the roads fairly consistently.**

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**<sup>12</sup> Sgt H. Brennan; born Auckland, 27 Sep 1907; farm hand, Tarurutangi.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHRISTMAS FESTIVITIES

### *Christmas Festivities*

**In spite of the miserable conditions, Christmas was made to be a success in all of the field medical units. At 5 ADS the men had been sleeping under haystacks, in barns and implement sheds, or under any cover that was handy, but a tarpaulin shelter was erected for the celebrations. The men came back from the resuscitation post in time for Christmas dinner, after being relieved by B Company, 6 Field Ambulance. The latter company had to postpone its dinner until the 27th, when the weather was still cold and wet. Each man was issued with two bottles of beer; there were so many non-drinkers in the company that the others had enough to lift them beyond the influence of such clogging details as rain and mud.**

**At 6 MDS celebrations did not take place until the 26th. The men sat in the long school corridor at tables laid with beer, cigarettes, fruit and nuts. The officers and sergeants served the meal of turkey and plum pudding. The guns were still firing outside, and ambulance cars whined up the narrow lane into the courtyard. Little time was wasted over the meal. The Colonel made a short speech, comparing the occasion with the previous Christmas spent on the Gulf of **Sirte**, and everyone washed up and returned to duty. In the school at **Atessa**, 4 MDS likewise enjoyed their dinner, distinguished by turkey, pork, and vino; and so did the other units, 4 ADS, 4 Field Hygiene Section, and 5 MDS. The latter was in reserve near the village of **Perano**, where there was a Methodist church. The minister held a special Christmas service for the staff—the first Italian service for those Protestants who attended. Two or three days before Christmas, one of the sergeants formed a carol party. He borrowed the church organ and at evening the party sallied forth on a tour of the neighbouring farmhouses, serenading the occupants with carols sung in close harmony. The local inhabitants did not know quite**

what to make of this fresh evidence of Kiwi peculiarity; but on the whole they were very friendly. They brought out the children and the vino and soon caught on to the idea.

Just before leaving **San Buono**, a 5 Field Ambulance corporal had acquired a pig and had carried it forward with a view to augmenting the Christmas rations. It may have just been a coincidence that the corporal was walking around barefoot for the next few days. The pig was named Bernie, after its master, and kept in a pen, where it devoured all the unit's scraps. Unfortunately, a fortnight before Christmas he decided to supplement his diet by sampling a large tin of red paint. It was thought advisable to close his colourful career with the unit, and he was sold to one of the local inhabitants, who appreciated the point of the deal and duly handed over a dud 500-lire note.

The month of December was particularly busy for 3 General Hospital. The work of establishing the hospital, the devastating air raid, and the flow of casualties from the Division all combined to produce a desperate contest between the provision of equipped beds and the rising bed-state. At times, stretchers had to be placed in corridors and unfinished parts of **Beirut** block, but amazing efforts by the Royal Engineers and unit staff had 1020 beds available by the end of the month. During this month 1611 patients were admitted; the average daily number of seriously ill cases was 38, and at the end of the month 54.

In spite of the bleak weather, a sad change from that only recently experienced in previous sites, both patients and staff managed to capture something of the spirit of Christmas. On Christmas Eve a party of carol singers toured the wards, the sisters being dressed in their red cloaks and carrying lanterns. All wards, messes, and also the patients' dining hall were colourfully decorated. An Italian orchestra was engaged, playing in the wards first, and later during the up-patients' dinner on Christmas Day. Each patient received a menu, printed on an airgraph and incorporating Christmas designs with a scene typical of the location of the hospital. During the afternoon the 6 Brigade band played selections in the hospital compound, while the day ended with an

**impromptu concert by patients, mainly Maoris.**

**So passed 1943, a year during which the hospital had operated in three different continents, at places totalling 2500 miles apart. Preconceived ideas of 'blue Italian skies' had been rudely shattered by the reality of a bitter European winter.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## SNOW

### *Snow*

**On New Year's Eve the cold on the Sangro front grew more intense. The wind stung the skin like needles of ice. At 6 MDS many rooms had been fitted with home-made, oil-drum stoves, with lengths of galvanised iron piping through the windows for chimneys. The stoves did not draw very well, and the men moved dimly through acrid smoke and thickly-floating flakes of carbon from the oil used to boost the fires. Snow began to fall about 8 p.m. When the church bells rang in the new year, the night was all flurrying whiteness. The blankets nailed over the empty window frames were no protection whatever, and the snow whirled in to form drifts in rooms and corridors.**

**Later in the morning the snow began to melt and flow over the floors in streams of slushy water. A working party was detailed to clear the second-floor corridor, where it lay six inches deep. They shovelled snow rapidly through the windows until brought to a halt by the disgusted drivers of vehicles parked beneath. They then adopted the slower but more reasonable method of carrying it out.**

**With the interior more or less in order, the unit turned out to clear the street. Pickaxes were needed as the snow had already been packed to an ice-like hardness by the passing traffic. After two hours of solid work, with only an occasional snow battle, it was finally cleared. The men leaned on their shovels and viewed the scene of their labour with a satisfaction that suddenly evaporated when a bulldozer appeared, sent for the specific purpose of clearing the street.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 ADS SNOWED UNDER

### *6 ADS Snowed Under*

**There was little activity at 6 ADS. The cold was numbing and the men remained in their bivvies, crouched around potato-tin braziers. They emerged only at meal-times to slosh through the deep mud to the cooks' truck. Early on New Year's Day the weight of snow became too much for the bivvies. One after another they collapsed; many of the occupants, startled out of sleep, had some difficulty in getting clear. A 180-pound tent followed almost immediately; it crashed and lay thrashing on the snow as the men it had sheltered fought their way out to join other refugees in the tarpaulin shelter. Two hours or so later, when everyone had settled down again, one of the supporting poles snapped, the canvas split across, and the whole shelter subsided in a heap of snow, canvas, and struggling men. Someone mournfully, if tunefully, informed the unappreciative company that he was 'dreaming of a white Christmas'.**

**Bundling up what gear they could salvage, the unhappy company set off into the snowstorm and located a small bamboo-cane hut into which they all squeezed together. They shared the blankets and remained there until morning, when heavy rain turned the foot of snow and the mud beneath to a knee-deep slush.**

**The ADS was out of action. Walking to the cookhouse for meals presented some difficulty, and it was impossible for vehicles to enter the area. For two days casualties were taken direct from the car post to the MDS. They were few, as the snow made any big attacks impossible.**

**The new year brought a succession of fine days. The wind remained cold, but the skies were clear and the snow-covered hills and valleys sparkled in the sunshine. The Italian women and girls searched the fields for fuel, and plodded up the road through the snow in their**

**pitifully inadequate makeshift footwear, carrying bundles of twigs and branches on their heads. At meal-times they gathered around the cookhouses, waiting patiently for scraps. The contribution of the Italian men to the support of homes and families was wrapped in mystery.**

**On 3 January 5 ADS took over from 6 ADS, 5 Brigade having relieved 6 Brigade during the night. Fortunately a heavy frost had left the ground hard enough for the vehicles to move out under their own power. On 12 January a warning order was received stating that 2 NZ Division was to be withdrawn at short notice, ostensibly to a training area south of **San Severo**. The medical units prepared to leave after an exacting two months' work under wintry conditions.**

**At **Atessa**, from 20 November to 31 December, 4 MDS admitted 751 battle casualties and performed 198 major operations, while at **Castelfrentano** from 14 December to 7 January 6 MDS received 657 wounded and performed 178 major operations. After taking over from 6 MDS at **Castelfrentano** on 7 January, 5 MDS under Lt- **Col R. A. Elliott** admitted 152 battle casualties. During its two months at **Vasto** the CCS handled approximately 3500 patients, including the sickness cases admitted from 5 Field Ambulance.**

**The withdrawal of the division took place in mid-January. As a red herring the 'training area south of **San Severo**' was a complete success. Even the Italian civilians had no idea where the Division was going. Once the convoys were under way, however, rumours containing a grain of truth began to circulate among the troops. Before long belief changed to conviction; the destination was the Fifth Army front.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

WITH all New Zealand insignia removed, a procession of vehicles carried the New Zealanders south from the **Sangro** area. The convoys began the journey in the third week of January 1944. They travelled along the Adriatic coast towards **Vasto**. Progress was painfully slow and some of the trucks were too crowded for comfort. For one convoy which had left **Atessa** at midnight, a halt on the roadside north of **Vasto** at half past three in the morning was welcome relief. The men slept till daylight, some inside the trucks, some under them, some in ditches; and the peculiar position of many bedrolls showed that a minimum of comfort was necessary for repose.

In daylight the convoy proceeded through **Vasto**, **Termoli**, **Serracapriola**, and **San Severo** to stage the night near **Lucera**. During the day's travel, Italian civilians, including an incredible number of unwashed children, begged vociferously for biscuits, chocolate, and cigarettes. Most of the villages passed through were small and filthy, each having its distinctive odour and all united in poverty.

In fine but cold weather the following day, the trucks headed inland and climbed into the central Apennine mountains, along the bitumen road that led up and down and twisted from village to village perched on the hilltops. Down on the western foothills the countryside was more attractive, especially in the vicinity of **Avellino**, and in the distance smoke and flame could be seen rising from **Vesuvius**. The next bivouac area was at **Cancello**, twelve miles north-east of **Naples**. That night was very cold, and a heavy frost lay on the ground next morning. Italian people striding lightly clad along the road seemed indifferent to the cold, but thickly wrapped soldiers huddled over mess tins to eat their hot 'soya links'.

The final stage of the journey was in a northerly direction through **Caserta** and **Caiazzo** to **Piedimonte d' Alife** in the **Volturno Valley**. Here

**all the field ambulances and the CCS were congregated in the one area.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## IN THE VOLTURNO VALLEY

### *In the Volturno Valley*

**The Volturno was an easy river making its way in gentle, unhurried bends. It was pleasant to see again a river that lay like an inlay between flat green banks, and not one cramped between high walls as if kept in a press, like the rivers on the Adriatic coast. There was an appreciable sweep of river valley before the hills burst upwards. The dotted houses of scattered villages could be distinguished by their red and buff colours in the sunshine.**

**The whole divisional concentration area consisted of mildly sloping sections of olive plantations, well divided by roads and reaching back to the hills, which were heavily covered with scrub. Deep ditches divided the area into sections. The ground between the rows of olive trees was worn to a smooth, bare brown by turning wheels and tramping feet. In places grape vines were festooned between harshly pruned trees resembling willows.**

**An MDS was opened by 6 Field Ambulance on 19 January, entirely under canvas, on an area handy to the road, free of trees and under a heavy crop of lucerne. While the reception and evacuation teams remained on duty to deal with about 30 admissions a day, the rest of the unit route-marched, constructed roads, or played football and other games.**

**Alife** was about three miles away and was found to be a dirty, uninteresting village. It was surrounded by an ancient, crumbling wall, little of which was visible beneath a luxuriant growth of ivy. Outside the village an American shower unit operated with elaborate equipment. The showers run by 4 Field Hygiene Section were installed some six miles up the river bank, near the **Raviscanina** turn-off.

From the ADSs the serious cases were evacuated to the MDS, and the rest held and treated until fit to return to their units. The patients at that time were a particularly good crowd. None of them was very sick, and coming from various units, each had a fund of jokes and reminiscences that were new to the others. In fact, far from having the atmosphere of a field hospital, the evacuation shelter resembled a social club.

The nearby houses sent representatives to the mess queues at meal-times. The house across the road from 6 ADS sent a minute boy, known to the company as Tony, who used to approach slowly, accompanied by an incalculably old woman. Occasionally a bottle of wine appeared as a token of the family's appreciation and to encourage a continued supply of spare food. From a house nearby came an exceedingly pretty little girl named Noelina and several of her many young brothers. Her family had no wine; so she would shyly invite some of the men, usually the cooks, to spend an evening with them. A visit to their house was quite an experience. The food consisted chiefly of unflavoured macaroni, animals' feet cooked more or less whole, and chestnuts, baked to a rock-like hardness, that were a source of anguish to a New Zealander, who hesitated to admit to the powerfully-fanged Italians that his mouth was crammed with false teeth. The whole family talked simultaneously while loudly crunching the adamantine chestnuts, and the resultant uproar was only too frequently augmented by the howls of the youngest infant.

The news of the Allied landing at **Anzio**, behind the German lines, was announced on 23 January. It infused new life into the rumourmongers. The most favoured story was that the Division was about to exploit an expected break-through and hurtle on to **Anzio** and **Rome**. Two days later the brigade major of 5 Brigade visited the units and gave a talk on the Division's probable role. Operations would depend entirely on events. While a break-through role was envisaged, it was possible that a sufficiently large bridgehead would not be established.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 2 GENERAL HOSPITAL ESTABLISHED AT CASERTA

### *2 General Hospital Established at Caserta*

The main body of **2 General Hospital**, under Col Christie, embarked at **Port Said** in the *Highland Brigade* and sailed across the **Mediterranean** from 3 to 8 January, when it landed at **Taranto**. There was some difficulty in obtaining a site for the hospital. Eventually it was arranged that a New Zealand hospital wing of 250 beds be established on part of the site of **2 British General Hospital** in an Italian barracks at **Caserta**, north of **Naples**, sharing the services of the British hospital. Then the Division's move to the Fifth Army front led to the decision to establish the complete hospital of 600 beds at **Caserta** with the utmost expedition. Arrangements were made for the New Zealanders, who crossed **Italy** from Advanced Base and **Bari**, to take over the 123 New Zealand patients in the British hospital. As equipment arrived, **2 General Hospital** became partly a tented hospital and was called upon to work to capacity.

Because of the limited number of buildings available (five wards of a total of 24 in the barracks), it was decided to place all administrative offices in tents, and to use the indoor space entirely for patients. All the staff were accommodated in tents. The inclement weather brought many hardships. It was cold, with heavy rain and wind, and snow lay on the nearby hills. Many of the tents were flooded out, but the staff cheerfully accepted their conditions and discounted their discomforts. Sisters and nurses showed a particularly admirable spirit.

In January Maadi Camp Hospital sent an 'off-shoot' over to **Italy** to form Advanced Base Camp Hospital of 50 beds at **San Basilio**, between **Taranto** and **Bari**. Capt A. E. **Erenstrom**<sup>1</sup> was the first OC of the new unit.



<sup>1</sup> **Lt-Col A. E. Erenstrom; born Palmerston North, 28 Sep 1914; Medical Practitioner, Palmerston North; Medical Officer Maadi Camp Aug 1941-Feb 1942; 4 Fd Amb Feb-Aug 1942; 2 Gen Hosp Apr-Dec 1943; OC Adv Base Camp Hosp Dec 1943-Jul 1944; SMO Maadi Camp Jul 1944-Jul 1945.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## BACK TO WINTER CONDITIONS

### *Back to Winter Conditions*

**February brought a sudden deterioration in the weather. January had been a month of dry frosts and gloriously sunny days, and the troops had been lulled into a belief that the climate of the west coast was milder, drier, sunnier, and in every way better than that of the east. Then came heavy rain and strong, cold winds. The water poured down the slopes through the 6 MDS area, and the deep ditch became a swirling, muddy stream. Unfortunately the ditch was not clear, being blocked at intervals by accumulated limbs of trees, tins, and cardboard cartons, which damned up the water and flooded the bivvies that lined the banks. The overflow spread about the area, flowing ankle-deep through bivvies and tents. When the stream subsided it left deltas of tins and rubbish.**

**Other units, though spared the troubles of flooding, had their share of mud, and the bitterly cold wind tore at bivvies and tentage, while the dead leaves took off from the oak trees and went streaming away like swarms of frenzied bats.**

**The spell of broken weather culminated in an appalling thunderstorm during the night of the 5th. The first peal was thought by some to be heavy bombing close at hand, but it went on and on, rolling and crashing, and the hills, trees, and fields leaped from pitch darkness into brilliant light at each flash of lightning.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## BATTLE SITUATION

### *Battle Situation*

On the western side of the **Apennines**, American, British, and French troops had won forward to the immensely strong enemy **Gustav Line** based on **Cassino**. This line crossed the peninsula at its narrowest point, where rugged hills formed a series of natural obstacles most favourable to the defenders. Despite the winter weather, the Allies were intent on achieving the capture of Rome, and concentrated on the route through the **Liri Valley**, the entrance to which was dominated by **Cassino** and the heights beyond the town.

Fifth Army troops were ashore at **Anzio**, just south of **Rome**, on 22 January, but the Germans had found it possible to contain them within the beachhead perimeter, and their effort was halted.

**Monte Cassino**, or **Monastery Hill**, was the keystone of the enemy's defences. It was a rocky spur which rose steeply from the plain to a height of about 1700 feet. On the top was the Abbey. To the north of it there was a deep chasm, and to the north-west the mountain ridge along which the Americans had advanced, almost reaching the fortified hilltop Point 593 and Mount Castellone. Beyond Monte Cassino again was the majestic, snow-capped Monte **Cairo**.

Eastward from the monastery the steep slopes were guarded by extensive field works. A little to the north-east, and actually a part of the main spur, there was a prominent crest upon which stood an ancient castle. This was **Castle Hill**; at the foot and partly up the slopes of it was built the town of **Cassino**. Other outcrops of rocks which became of particular significance as the battle progressed were Hangman's Hill, so called because of a scaffolding with a marked resemblance to a gibbet, Point 165, and Point 202. These latter two were knolls between bends in a corkscrew road from the town to the Abbey, which edifice dominated

**the entire battle area.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## NZ CORPS PREPARES TO ATTACK

### *NZ Corps Prepares to Attack*

On 3 February **NZ Corps** was formed, with 4 Indian Division and British artillery under command. The ADMS 2 NZ Division, Col King, became DDMS Corps, with the rank of Brigadier. Maj Lomas was appointed DADMS Corps, while Maj Kennedy became DADH Corps. The Corps' initial task was to support the continuing American assault on **Cassino** and exploit success. By 7 February 5 Brigade, with B Company, 5 Field Ambulance, providing the ADS, had relieved American units along the line of the Rapido and Gari rivers, south of the main road to **Rome**.



*Medical staff at Atessa before the Sangro attack.  
Brigadier H. S. Kenrick is second from right*

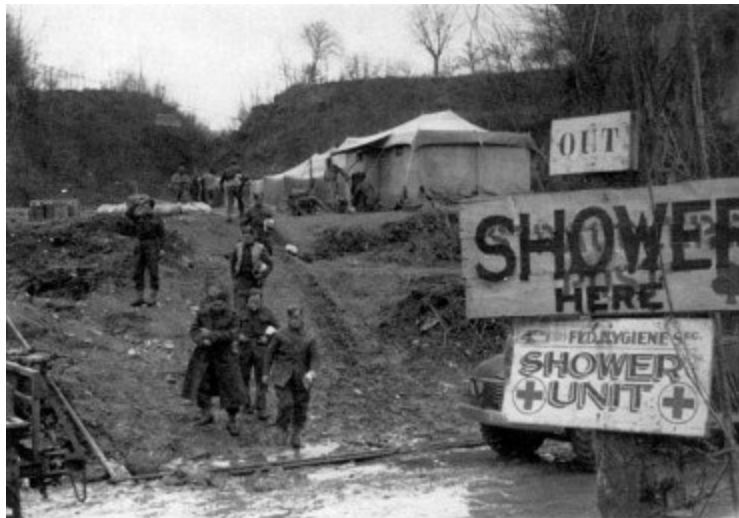
***Medical staff at Atessa before the Sangro attack. Brigadier H. S. Kenrick is second from right***



*Patients being carried back by RAP jeep, Orsogna*  
**Patients being carried back by RAP jeep, Orsogna**



*1 Mobile CCS, Presenzano, Cassino*  
**1 Mobile CCS, Presenzano, Cassino**



*4 Field Hygiene Section's shower unit near Cassino*  
**4 Field Hygiene Section's shower unit near Cassino**

The ADS to 6 Brigade when it moved up was A Company, 6 Field Ambulance. At 1 a.m. on 6 February, when the men began to crawl forth and pull down the bivvies, the piercing coldness of the wind defied description. Finally, the gear was stowed aboard the trucks and the men, wrapped up in greatcoats, leather jerkins, and balaclavas, clambered on the vehicles. The line of vehicles crossed the **Volturno River** and got onto the main highway, Route 6. Eleven miles farther on, the convoy turned off along the railway embankment at **Mignano** to a lying-up area between Monte Lungo and **Monte Porchia**.

It was still dark when, at 5.40 a.m., the vehicles of A Company careered down the steeply-sloping sides of the embankment into a field. Beyond a few tents belonging to an American anti-aircraft battery, a double haystack and a damaged farmhouse, there was nothing in sight. The muddy ground was frozen hard, and the rippling of unseen water and the occasional report of a gun were the only sounds to be heard.

The sky gradually lightened, and a penetratingly cold wind sprang up. Surroundings assumed form in the grey light—poplar trees, chopped and mutilated by shellfire. The ground was pitted with shell holes, and two villages over on the hillside beyond Route 6, **San Pietro Infine** and **San Vittore del Lazio**, were practically razed to the ground.

The same day 4 Field Ambulance, under **Lt-Col J. K. Elliott**, moved forward to a cultivated field near **San Pietro**, and erected a main dressing station. Five canvasses were pitched in suitable relation to the semi-circular roadway, which was constructed through the area with the help of the Engineers. Dispersal was not attempted, but large **Red Cross** ground signs were laid out. On the canvas floors of the tents hay was spread. To heat the tents an excellent type of down-draught, wood-burning stove, made by 4 Field Hygiene Section, had largely superseded the oil stoves and charcoal burners. The men of the unit were in bivouacs, no buildings being available in the area.

Facing in the direction of **Cassino**, one had Trocchio Hill on one's left, partly obscuring distant **Monastery Hill**; snow-capped Monte **Cairo**

was in the distance straight ahead; just across the road was an army cemetery.

The ADSs and the MDS, as well as the large concentration of troops in the forward area ready to attack when the weather improved, were within enemy shelling range. At 6 ADS about five o'clock one afternoon, fifty-odd faces were lifted from fifty-odd mess tins at a sudden, uncomfortably close, screeching of shells and a series of explosions and clouds of dust along the embankment and beyond. Most of the shells landed in the 25 Battalion lines, wounding a number of men. A few minutes later the casualties were arriving at the ADS reception tarpaulin. They were evacuated to 4 MDS and later taken by the NZ Section MAC to 1 Mobile CCS which, under Lt-Col Button, had opened at **Presenzano**. Sickness cases were sent to 5 MDS, set up by Lt- **Col R. A. Elliott** on Route 6, near the **Venafro** turn-off.



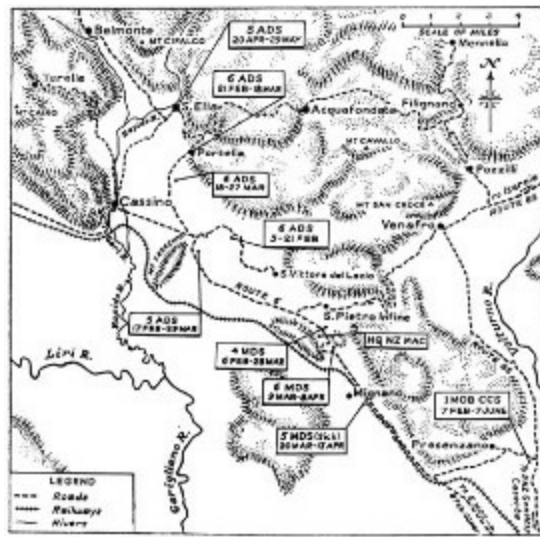
# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS AT PRESENZANO

### *CCS at Presenzano*

At its new **Presenzano** location, the CCS lost no time in setting up the hospital when it arrived there on 7 February. The site was a large, flat, partly ploughed paddock near a secondary country road. Through this paddock a loop road had been graded and metalled by New Zealand engineers. Along this the various departments were erected in sequence—reception, orderly room, pre-operative ward, the theatres, and then the seven wards. Other departments were sited in convenient relationship to these. The unit had four theatres—its own two and the attached 8 British Field Surgical Unit and 1 NZ General Hospital surgical team. All theatres consisted of two EPIP tents joined together, and were grouped close round the pre-operative ward. Since the Allies had overwhelming air superiority, there was not the need for wide dispersal of the unit at this location. Red Crosses were conspicuously displayed, however.

From the first day the unit was established there was a steady flow of casualties. One of the first patients admitted was an Australian pilot. Wounded in an attack on enemy positions and with his plane damaged, he had had to bale out while returning to his base. The plane crashed not far from the CCS, but the pilot landed safely and was brought in for attention. The front at **Cassino** was only fifteen miles away over a good highway, so that casualties were admitted usually within two hours of being wounded. Hence, except for urgent cases, all surgery was performed at the CCS rather than at the MDS. The four theatres, working on an eight-hour roster system, handled this work without any undue strain. Patients were sent twice daily to 2 NZ General Hospital at **Caserta**, the trip by road taking one and a half to two hours. Head cases were evacuated to a neurosurgical unit attached to 16 American Evacuation Hospital, five miles farther south.



*Cassino and Mountain Sector*

***Cassino and Mountain Sector***

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE FIRST ATTACK

### *The First Attack*

Preparations had been made by **NZ Corps** for an attack on the enemy positions around **Cassino** which had resisted the Americans. On 15 February and on the following two days, the staff of the MDS were able to get a good view of the air attack on the Abbey by Liberators, Fortresses, and medium bombers of **USAAF**, which dropped nearly 500 tons of bombs. The ground preparations for the attack met with increased shelling by the enemy and, on 16 February, 45 battle casualties were admitted to 4 MDS. By 17 February, after three fine, cold days, the ground had dried considerably, and at half past nine that night 28 (Maori) Battalion, as part of 5 Brigade, launched an attack across the swollen Rapido River and adjoining flooded areas with **Cassino** railway station as its objective, while 4 Indian Division attacked **Monastery Hill**.

B Company, 5 Field Ambulance, under Maj MacCormac, had moved its ADS on the 17th to a house on Route 6 in a fairly good position sheltered from enemy observation by rising ground. The men cleaned up the house and cleared away enemy mines, and then during the night attended to the wounded, mainly Maoris and engineers.

The first casualties from this attack by the Maoris arrived at 4 MDS by two o'clock next morning. By 8 a.m. about seventy wounded had passed through the MDS, after having been promptly cleared from 5 ADS. As had happened at the **Sangro** crossing, most of the wounded were wet below the waist from wading the river.

Although the two companies of the **Maori Battalion** had attained their objective at **Cassino** railway station on the night of 17-18 February, the operation was unsuccessful as considerable enemy demolitions had prevented the engineers making a track in time for the armour to pass through to support the infantry. On the afternoon of 18

**February the enemy counter-attacked with infantry and tanks, forcing our troops to withdraw, and thus recapturing the railway station as well as the bridges built across the Rapido. The Division's bridgehead across the river was lost, and the extensive operations depending on it were suspended.**

**On the night of 21-22 February 6 Brigade moved into the line in the northern part of **Cassino** town without incident, and 6 ADS, under **Maj H. S. Douglas**, moved to the vicinity of **Portella** to evacuate casualties from the brigade. The ADS was reached by a complicated system of tracks off the main road. A daylight trip by ambulance car from the ADS to 4 MDS took about one and a half hours, and although part of the route lay in an exposed position it was considered safe for individual ambulances.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE ADS UNDER SHELLFIRE

### *The ADS Under Shellfire*

With the ADS ready to operate, the men of A Company, 6 Field Ambulance, dug themselves below ground, spurred on by desultory shelling of the nearby crossroads and the surrounding fields. As night fell the shelling increased. The Germans seemed to be ranging along all the roads in the vicinity. Scattered fires started, blazing and flickering through the olive trees, and casualties began to arrive at the ADS. Though a dark, misty night, the grove was vaguely illumined by the reddish glow cast on the mist by the fires. On the hillsides to the rear guns were flashing, their reports rolling and reverberating, while mortars fired and their bombs whiffled over and away into the mist. Up on the slopes ahead there were other flashes that could have been German guns or our own shells landing, and an occasional rocket appeared to shoot out from the monastery.

The 22nd was fine and the men finished off their digging, lining the holes with groundsheets and, in some cases, with straw from a neighbouring stack. Twenty sick and wounded were admitted during the day; soon the old familiar smell of the smoke from fires burning discarded dressings and dirty, blood-soaked clothing was drifting across the area.

There were many complaints about the company mess queue, complaints that were fated to continue throughout the company's occupation of the site. Everyone lined up at the cooks' truck for food and gathered in a tight crowd to eat, relying for their safety on the Red Crosses prominently displayed on tarpaulins and vehicles. As it turned out, the Red Crosses afforded adequate protection, though the Germans on the snowclad peak of Monte **Cairo**, which seemed to tower directly above the ADS, must have been hard put to restrain themselves, especially as the vehicles of combatant units were continually moving in

and out of the area. In addition to Monte **Cairo** and Monte **Cassino**, the Germans held the crest of **Colle Belvedere**, a shoulder feature to the right, and Monte Cifalco, a high, rugged peak to the north.

Casualties and sick trickled back from the infantry lying low in the houses of the town, though at this time most of the wounded received came from the roads round about the ADS itself. On the 23rd a passing truckload of British troops received a direct hit, and three of them were carried in dead. They were buried in the ADS cemetery, a little plot set aside near the road. A few Indians passed through, quiet men who seemed grateful for the little that could be done for them.

The fine weather had faded out in mist and heavy rain, and once again everything was mud. Casualties arrived with sodden and plastered boots and clothing; and many men were evacuated sick and exhausted from days of lurking in the chilled and flooded cellars of the town below. The narrow road along the evacuation route became treacherously slippery, and two ambulance cars, loaded with wounded, left the road and partly overturned while on the way to the MDS.

Occasionally the mist dispersed for a while, then closed in again to obscure everything and delay the plans for an attack which, depending on heavy air support, required good flying weather. The jagged outlines of the Abbey loomed through the mist, and at times Monte **Cairo** was completely obliterated.

On the 25th one solitary splinter from a nearby shellburst hummed through the evacuation section's tarpaulin, and a search was made for the hole. When found it was encircled by a chalk line and labelled 'The Shrapnel Hole'. Two days later there was no need to search for holes; the tarpaulin was riddled with them. A shell landed at the corner of the shelter early in the evening of the 27th, fortunately just after a number of casualties had been evacuated. Immediately there was chaos inside. The lamp was out, petrol from the punctured tins of the reserve supply could be heard trickling out in the darkness, and the truck, with tires perforated, subsided onto its rims. Cries were coming from Reception a

few yards away. The evacuation section crawled out by ones and twos and were astonished to see the other shelter a mass of gleaming lights. It, too, had received a hit, and Padre Kingan and one of the men were both seriously wounded. Then, with a deafening crash, another shell burst in the fork of an olive tree a few yards to the right, shattering all the branches and sending a fresh hail of splinters through the shelters and trucks. A moment later a sergeant discovered that he was wounded in the arm and grew very concerned about deciding from which shell he had received the wound. All three casualties were evacuated, and the dressing station settled down again.

The evacuation section temporarily ceased to function, the men abandoning the wrecked shelter and going to bed. Next day the section took over a house at the edge of the area that had just been vacated by a party of Newfoundlanders. It turned out to be a good move. The house, solid, comfortable, and possessing a fireplace, provided accommodation much superior to that of the shelters. The **Red Cross** ground sign was draped down the wall facing the German positions, and the rooms inside furnished with stretchers and blankets.

Each night sick men and walking wounded slept in the house, though it was noticeable that the wounding of Padre Kingan, the news of which seemed to have spread right through the brigade, had robbed the casualties of some of their faith in the protection of the **Red Cross**.

The reception shelter was not badly damaged, and the staff busied themselves sewing patches over the holes. The evacuation shelter and truck canopy had to be replaced.

Near 5 ADS the enemy had been shelling the roads consistently. The **Red Cross** was out of sight of the Germans, and on the 22nd 14 shells landed in the ADS area, with two more shells nearly hitting the cookhouse next morning. Fortunately there were no casualties, though three members of the unit received minor wounds while manning ambulance cars with units of 5 Brigade.

**February seeped away with units stationary amid dismal scenes of rain-blurred landscapes, dripping trees, and trampled mud. Gunfire reverberated through the hills. The enemy gunners scored many casualties amongst the troops crowded into the sector awaiting a break in the weather, which seemed to share the Germans' determination to prevent the penetration of the **Gustav Line**.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ASSAULT ON THE CASSINO DEFENCES

### *Assault on the Cassino Defences*

After many delays through the unfavourable weather and the flooded, impassable ground, midday on 15 March was fixed for the attack on the town and monastery of **Cassino**. In the early hours of the morning the infantry were withdrawn to points a safe distance from the town in preparation for the air bombardment that was to precede the attack.

Evacuation from 6 ADS was by road for a short distance, and then by ambulance track to Route 6. As a result of a warning that tanks might have to use the track in the advance to **Cassino**, thus blocking the evacuation route, two surgical teams, the HQ team and 8 British Field Surgical Unit, were attached to the ADS. As things turned out, they were not needed, the track remaining open throughout the whole operation. The orderlies going off duty at 6 a.m. crossed the road and gazed down the slope at the town. Spreading to the foot of the hills and up the lower slopes, it looked so peaceful in the still air of the early morning that they found it difficult to believe that in a matter of some two hours it would be in the process of being blown to rubble.

The first wave of bombers appeared at half past eight. A Company was out, as were all the troops in the area, watching with interest the approach of the aircraft. The interest changed to slight apprehension when a load of bombs was dropped to the rear, exploding in huge clouds on the hillsides, while the planes still came on. Their apprehension, however, was nothing compared with that of the HQ surgical team. Moving up to the ADS, they were halted by the bombs bursting across their path.

The heavy, throbbing roar of aircraft engines added to the pandemonium as wave after wave of bombers came up from the south

and wheeled over, while the town was going up, rent and shattered, in great masses of rubble and sheets of flame that seemed from the ADS to dwarf even the hill of **Monte Cassino**. Dirty yellow, opaque smoke overspread and blotted out the countryside as more and more loads of bombs whistled shrilly down to burst with long, sickening, rolling crashes. In the midst of it all a number of Indian **Red Cross** vehicles halted outside the ADS area. The British officer in charge peered uneasily into the pea-soup air. 'I've a field ambulance somewhere down there,' he said, and he drove on. His Indian drivers impassively followed, and the little convoy vanished into the smoke and dust.

The bombing of the town ceased and the artillery barrage began at noon, though fighter-bombers still wheeled over in lines to peel off and batter the monastery throughout the afternoon. Half an hour later the infantry and tanks advanced to the attack. Held up by the heaps of masonry and huge bomb craters, the tanks were unable to penetrate far; but the infantry carried on and the Castle Hill feature, a rock surmounted by ruins immediately above the town, fell to troops of 25 Battalion. The enemy, who had withdrawn after the first wave of bombers and returned when the artillery barrage began, showed bitter resistance in the town itself and hampered the New Zealanders by sniping.

The casualties began to arrive. By nightfall 37 had been treated at 6 ADS and evacuated, and another 20 were held in the evacuation tarpaulin until first light. There was some shelling round about during the night, and several of the walking wounded, their nerves on edge, had to be transferred to the basement of the house.

Throughout the night could be heard the sound of the enemy mortars and machine guns down among the houses of **Cassino**. In the darkness the craters and heaps of smashed masonry made progress slow, until finally the infantry were pinned down. The ADS was kept steadily going through the night. Some of the wounded died in the station and some were carried in dead. The morning of the 16th was a typical morning after a battle. There was an indefinable hush, in spite of the

fact that the Germans were shelling, if anything, more heavily than usual. During the day 57 patients were admitted.

About 5 p.m. the company was under fire. A number of tanks parked in the next field began to move about, emitting puffs of smoke that obviously were visible to the Germans in the observation post on Monte Cairo. Also, they were testing their wireless equipment, in spite of the warning of a military policeman posted on the corner below the ADS. The Germans opened fire, evidently using very heavy guns sited well back, for the first shell seemed an age in coming. The roar of its approach was like that of an express train in a tunnel. It landed on the corner, practically annihilating a tank crew. Strangely enough, the military policeman conversing with the crew was not only unhurt but felt nothing. He simply became aware of men falling dead around him.

The members of A Company were just emerging from the shelter of trenches and rising from the ground, when the air began to throb again and the roar of the approaching shell grew in their ears. They rushed back to shelter. A driver, who was standing alone in front of the house across the road, made a dash over to the ADS. No sooner had he reached it than the shell landed, sending up a fountain of earth and leaving where the driver had been standing a hole in which a three-ton truck could have been buried. Another roar was already filling the air, and two more shells burst along the road. Debris showered everywhere. The trunk of an olive tree descended end over end into the area, and a large fragment of stone crashed through the new canopy of the evacuation truck.

Still the battle went on amongst the smoke and houses below, with the infantry attempting to clear the town in spite of the hidden snipers and machine-gunners. With the support of tanks, the 26 Battalion attacked and occupied the railway station. The enemy shelled and mortared the town, and the Allied artillery responded with heavy concentrations that appeared to be gradually putting the enemy guns out of action. At the ADS, ambulance cars moved out and down the road

to the town as they were needed. In view of the exposed nature of the RAP positions, the ambulances remained at the dressing station until ordered by telephone. Normally they reached the battalions unmolested; but often the roads were under heavy fire, and the drivers and orderlies were compelled, time and again, to leave the vehicles and dive into the nearest ditch.

By the 17th operations were confined to a triangular area south of Route 6, and 6 ADS was well off the most direct line of evacuation. The company moved to a new area on the morning of the 18th. It was planned to get the ADS established and the Red Crosses up before dawn; but there was unavoidable delay while the evacuation section cleared casualties and dismantled the shelter, and the company arrived in broad daylight. The trees round about were chopped and mutilated and the ground pitted. Behind a row of trees that lined the area to the rear, a gun was firing. To the front **Monte Cassino** loomed up through the mist, and occasionally strange rockets that seemed to explode and scatter in mid-air shot out from the heights of the crag. Tarpaulins were re-erected and gear unpacked and arranged, and at 6 a.m. the dressing station was once again open.

For the attack, A Company ( **Capt R. A. Wilson** <sup>2</sup>) relieved B Company, 5 Field Ambulance, in the ADS in the battered farmhouse on Route 6. The men bedded down on the upper floor. The lower rooms were equipped for treatment, resuscitation, and blood transfusions. A tarpaulin was tied over a ramshackle lean-to, forming a shelter for cases awaiting evacuation. Casualties came back steadily from the RAP in **Cassino** itself, as well as others caught by shells on Route 6.

During the attack on 15 March there was heavy shelling in 5 ADS area, and in the next few days the ADS itself was frequently plastered. Three of the staff were wounded, one fatally. On the 22nd it was decided that men not actually on duty at the ADS should move back for sleep and rest at 5 MDS at **Mignano**.

<sup>2</sup> **Maj R. A. Wilson, MC; born Christchurch, 2 Feb 1909; Medical Practitioner, London; RAMC 1940; RMO 23 Bn Jun 1941-Oct 1942; Medical Officer 3 Gen Hosp Dec 1942-Jan 1944; 5 Fd Amb Jan-Sep 1944; Repatriation Unit ( UK) May 1945-Mar 1946.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## STALEMATE AT CASSINO

### *Stalemate at Cassino*

From 18 March, in fine weather, fierce street fighting took place in **Cassino** to clear out pockets of enemy resistance, but progress was limited. Enemy shelling of rear areas increased. A steady stream of casualties, about a hundred a day, continued to arrive at 4 MDS. As cases were banking up at the CCS, it was necessary for more surgery to be done at the MDS. Casualties from **Cassino** could not be evacuated in daylight, so the staff were kept busy at night; the operating theatre was in use almost all the night of 19-20 March and again the following night.

At this stage the RMO 28 (Maori) Battalion (Capt C. N. D'Arcy <sup>3</sup>) was situated in the crypt of a church in **Cassino**. Here all casualties were collected and held during daylight, and appropriate resuscitation (e.g., blood transfusions) administered as required. After dark the casualties were evacuated by stretcher-bearers and jeeps to 5 and 6 ADSs, whose staffs helped with the stretcher-bearing.

Casualties used to arrive at the MDS about 11 p.m. after being held in **Cassino**, and this was often 12 to 16 hours after they were wounded. The few abdominal cases which occurred were affected by this delay. Walking wounded were sometimes so exhausted that they could not speak coherently, and they dozed off while holding cups of cocoa in their hands. Towards the end of the month, infantry from **Cassino** showed signs of prolonged strain and lack of sleep, and cases of true physical exhaustion made their appearance. The cemetery at the MDS was used as a Corps cemetery, and many dead were brought from forward areas for interment.

After eight days of almost continual offensive action by the New Zealanders and Indians, it became clear that a decisive breakthrough

**could not be achieved. The troops in the line had nearly reached the limits of their endurance, as never for a moment had the strain of battle eased nor had enemy fire ceased by day or by night. Finally, on 23 March, orders were given for the attack to be temporarily abandoned.**

**It then became necessary to withdraw the isolated garrisons. Under cover of artillery fire, at 1 a.m. on the night 24-25 March, C Company, 24 Battalion, moved back successfully and without casualties from a cave on Point 202, and troops of 4 Indian Division repeated the operation from Point 435.**

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**<sup>3</sup> Maj C. N. D'Arcy, MC, m.i.d.; born Carterton, 6 Jun 1912; House Surgeon, Waikato Hospital; Medical Officer Maadi Camp Apr-Sep 1941, RMO NZASC Sep 1941-Aug 1942; 28 (Maori) Bn Aug 1942-Jun 1944; 2 Gen Hosp Oct 1944; 6 Fd Amb Nov 1944-Feb 1945.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EPISODE ON MONASTERY HILL

### *Episode on Monastery Hill*

**In the withdrawal five wounded men had to be left lying in one of the many caves on Point 202. The unit's medical orderly and stretcher-bearers had given medical treatment to the men at the time they were wounded, and subsequently while they sheltered in the cave. On the afternoon of 25 March the RMO 24 Battalion ( **Capt A. W. H. Borrie**), with a stretcher-bearer party under protection of **Red Cross** flags, successfully evacuated these wounded men in an operation which carried more than its share of excitement. The incident is best described in Capt Borrie's own words and serves to illustrate the link-up between regimental medical officers and stretcher-bearers and the field ambulances.**

**‘In the afternoon I was asked if I would accompany a second search party to **Monastery Hill**. I took with me 19 men. Armed with three **Red Cross** flags, **Red Cross** armlets, and stretchers, we left the Indian aid post and ascended to **Castle Hill**, which was in our possession. At **Castle Hill** I split the party into two, taking with me Sgt Thompson, <sup>4</sup> Pte **Worth**, <sup>5</sup> and nine others....**

**‘As we were making our way across, we noticed some figures near old C Company HQ waving a flag. When we reached them we found they were the four Kiwis and one man of Essex Regiment who had been left behind. They had given up hope of being collected, so an hour previously the fittest of the party had handed round a large bottle of rum, dropped by parachute the day before. Fortified in spirit, these five lying cases had dragged themselves down to the road, a rough journey of 20 yards, and had managed to move a few yards along the road, each one helping the other.**

**‘As we had two stretchers for all five, I decided on the hand-carry of**



three wounded, leaving six men to carry the other two, three per stretcher. As we were setting out, a German soldier came out of the ruins on Point 165, waving a **Red Cross** flag and advancing along the road towards us....

‘In broken French we argued, and then Thompson and Worth were taken into the ruins on Point 165 to see the Commandant. The Commandant asked for a cigarette—Worth immediately gave him a full packet. The German explained that, as the English had shot at a stretcher-bearer at **Cassino**, the **Cassino** commandant had ordered that there was to be no further evacuation of British from **Monastery Hill**. He gave his approval, however, for our evacuations, coming down with Thompson and Worth to inspect us.

‘We heard them coming but dared not look round until they were beside us. A nod of the head from Sgt Thompson was the sign for action, so we picked up our wounded and set off for the Castle, making double-quick time before the Germans changed their minds. After a steep, difficult descent from the Castle, we reached the Indian aid post, then took the wounded by jeep to 6 NZ ADS. An examination of the wounds showed that all were in excellent condition, a tribute to the care the stretcher-bearers had taken in their seven days' isolation.’

When this attack on **Cassino** ended, the road to **Rome** through the **Liri Valley** was still barred. Nevertheless, there had been substantial gains. A firm bridgehead had been established over the Rapido River, nine-tenths of the town of **Cassino** captured, and a foothold obtained on **Monastery Hill**, where **Castle Hill** was firmly held. Enemy casualties must have been severe. Then, too, pressure on the **Anzio** beach-head had been relieved.

The NZ Corps was disbanded on 26 March, and a general reshuffle of New Zealand troops in the **Cassino** sector followed.

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<sup>4</sup> S.Sgt R. J. Thompson; born Belfast 25 Aug 1913; warehouseman, **Christchurch**.

<sup>5</sup> **Pte H. C. Worth, MM; born NZ, 8 Nov 1919; seaman, Auckland.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE HOSPITALS

### *The Hospitals*

There were weeks of unremitting industry at 2 and 3 General Hospitals in February and March as the battle casualties from **Cassino** were admitted in large numbers.

At **Caserta**, **2 General Hospital** was soon working to its limit. On 18 February wounded from the attack on the railway station at **Cassino** were admitted. They reached the hospital quickly by road transport, either from the CCS or MDS, as the hospital was very favourably situated. Evacuations to 3 General Hospital at **Bari** were carried out by ambulance train from **Caserta** at the rate of 240 a week. From 5 to 29 February there were 1286 admissions to the hospital at **Caserta**, the highest number for one month since June 1941. Tented wards were erected for crisis expansion. Lt-Col **Clarke** <sup>6</sup> and his surgeons did notable work.

The DMS AFHQ, **Maj-Gen Sir E. Cowell**, inspected **2 General Hospital** on 21 February and later thanked all ranks in the unit for their 'loyal co-operation, whole-hearted effort, and unselfish devotion.'

February's record of admissions was eclipsed by those of March, when 1608 patients were admitted, including 713 battle casualties. Preparations were made to receive heavy casualties, and by 18 March there were 831 equipped beds, with emergency crisis expansion to 1050. Actually, because of the efficient working of the evacuation train system three times a week, the highest number of occupied beds was 580 (on 24 March). The thought of the struggle at **Cassino** dwarfed the physical troubles prevailing at the hospital and inspired all to do their best. The weather throughout March continued to be wet and cold and boisterous. It lived up to the reputation of 'Mad March' given it by local inhabitants.

By 14 March Nissen huts had been erected for kitchens and mess rooms for patients and staff. It was no longer necessary to dine in the mess rooms of British neighbours. The experience had been a novel one for both parties. New Zealanders found it difficult to get used to a very early tea, starting at 4 p.m., and a cooked supper at 8 p.m. A printed menu which described the inevitable slices of bully beef as 'cold potted meat' intrigued the Kiwis. On the other hand, the Tommies looked in amazement when visiting New Zealand officers dropped in and had a meal in the men's mess.

On 12 March Maj-Gen F. T. Bowerbank, DGMS, from New Zealand, accompanied by DMS 2 NZEF, Brig Kenrick, inspected the hospital, and another distinguished visitor was General Sir Harold Alexander on 28 March. General Alexander expressed a wish to see the new anæsthetic, pentothal sodium, in use. He was appropriately gowned and masked and led into the operating theatre, where three patients were receiving attention. Pentothal having been duly given, the plaster and dressings were removed from a shattered elbow, which had received 'closed plaster' treatment during evacuation. The General indicated that he had seen enough, and appeared to be just able to make an orderly retirement under his own steam.

From the hospital Mount Vesuvius was clearly visible when, on 22 March, it burst into more activity than it had achieved for nearly 200 years. A cloud of ashes and mud covered southern Italy, some of it descending as far away as 3 General Hospital at Bari.

As the battle casualties were evacuated steadily to Bari, 3 General Hospital provided for a crisis expansion and actually equipped 1130 beds.

The ending of the main New Zealand attacks on Cassino brought some relief, and by 10 April the staff of 1 General Hospital reached Taranto on HS Dorsetshire, after leaving a third of its members at Helwan to run 5 General Hospital for the New Zealand troops still in Egypt. 1 General Hospital set about establishing a hospital at Molfetta, 20 miles up the coast from Bari, to ease the burden on the other

hospitals. At this time, too, the Convalescent Depot, which had been open at **Casamassima**, near Advanced Base, moved to a site near **Bari** at **San Spirito**, where was also the office of the DMS 2 NZEF.

The modern building occupied by 1 General Hospital was a seminary, permission to use it as a hospital having been received from the **Vatican** after protracted negotiations. Built on rising ground on the outskirts of **Molfetta**, one of the meaner little Italian towns, the main building occupied three sides of a square and commanded a fine view of the Adriatic, which lapped on the shore only a few hundred yards away. It was a red-tiled, three-storied stone building, with many spacious rooms making ideal wards. The corridors were wide and all the floors tiled. One of the drawbacks was that the many windows were just too high from the floor for a good field of vision to be obtained by bed-patients. Among the sights they missed as a result was that of the small fishing boats putting out to sea in the morning and returning again in the evening. Although there were no lifts, the stairways were particularly wide.

The ground floor was occupied by mess rooms, kitchens, the laundry, and storerooms. Here also were stored the books and furnishings belonging to the seminary. On the first floor were the administrative offices, the surgical block, and the massage and X-ray departments. The medical block occupied most of the second floor. The sisters, VADs, and medical officers lived in the hospital building, while the other members of the staff occupied tents in the rear of the hospital. The unit opened to receive patients on 2 May 1944, exactly four years after its departure from **Wellington** with the Second Echelon.

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<sup>6</sup> **Lt-Col J. M. Clarke**, m.i.d.; born Otago, 13 May 1899; Surgeon, **Auckland**; Medical Officer 1 Gen Hosp Mar 1940-Dec 1941; 2 Gen Hosp Dec 1941-Dec 1944; in charge surgical division 2 Gen Hosp May 1942-Dec 1944.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE MOUNTAIN SECTOR

### *The Mountain Sector*

During the first two weeks of April, the sorely tried infantry brigades of 2 NZ Division were withdrawn from **Cassino**, the holding of which had been no easy task, to take over from **2 Polish Corps** the less arduous task of defending a part of the line across the Apennine Mountains. **6 Infantry Brigade** took over the **Monte Croce** sector, while **5 Infantry Brigade** rested at **Isernia**; but **4 Armoured Brigade** remained in the **Cassino** sector, and **4 Field Ambulance** stayed with it to hold the sick and evacuate its casualties. The **6 Brigade** positions were dominated by **Monte Mare** to the north, **Monte Cavallo** to the north-west, and **Monte San Croce** to the west, features which afforded the enemy observation not only of the positions themselves but also of various points on the tracks leading up to them, and denied close observation of the enemy approach along the **Atina** road.

This group of mountains was a key position in the Allied defence system. **San Pietro** formed a pivot where the front line turned from east-west to north-south through **Cassino**, and its loss would have taken the Germans through to the rear of the Allied infantry and artillery to the south.

The terrain in **6 Brigade's** mountain sector presented new problems to **6 ADS** at **Mennella** in the collection of casualties, as two of the **RAPs** were rather inaccessible. Mules were used in places, but fortunately the sector was quiet and casualties light.

After travelling on 20 April with the **5 Brigade** convoy down **Route 85**, and along the divisional axis through **Pozzilli** and **Filignano** and over the mountains to the **Rapido Valley**, **B Company**, **5 Field Ambulance**, under **Maj J. W. Bartrum**,<sup>7</sup> moved under the cover of darkness into the devastated town of **Sant' Elia**, to find the ruins populated by many dead

**mules and one very bomb-happy cat. The ADS was established in a building previously occupied by 185 British Field Ambulance. Of solid construction and possessing a spacious basement, it was ideally suited for the purpose.**



*5 Field Ambulance ADS near Mount Porchia, Cassino*

***5 Field Ambulance ADS near Mount Porchia, Cassino***



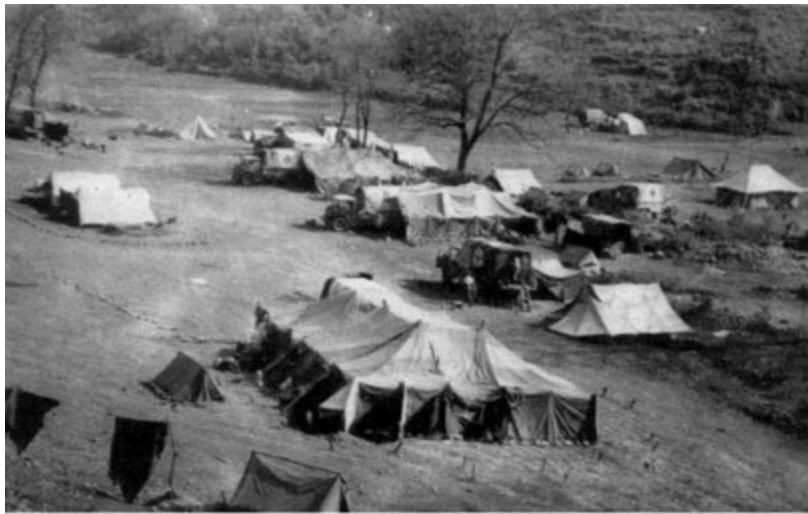
*Entrance to Maori Battalion RAP in crypt at Cassino*

***Entrance to Maori Battalion RAP in crypt at Cassino***



*5 Field Ambulance ADS at Sant' Elia, with ambulance cars parked in the shelter of buildings*

***5 Field Ambulance ADS at Sant' Elia, with ambulance cars parked in the shelter of buildings***



*6 Field Ambulance MDS at Pozzilli, near Cassino*

***6 Field Ambulance MDS at Pozzilli, near Cassino***

**Evacuation of casualties from the RAPs on the rugged **Terelle** sector, in which 5 Brigade replaced a British brigade, presented great difficulties, and it was found necessary for B Company to establish a forward ambulance car post. A party moved across the valley during the night of the 20th and set up on the opposite slope. All accommodation was in sangars, shelters made by laying tree trunks and branches across depressions and from banks and covering them with turf, ammunition boxes full of earth, or anything else available. Shortly after the work was completed, the area was mortared and one of the staff was wounded. During the following evening another party of eight stretcher-bearers went forward from Sant' Elia, and under cover of darkness made their**



way up to the 21 Battalion RAP. Their job was to carry casualties from the RAP to a dugout some 400 yards along the track, where a team of bearers from the car post was stationed. Casualties from 23 Battalion were carried by regimental stretcher-bearers for some 300 yards to a point marked by a fallen tree. From there, car post bearers carried them over the remaining 800 yards. All carrying was done at night, and often the Germans were mortaring around the steep, narrow tracks used by the stretcher squads.

The post was subjected to intermittent mortar fire day and night, and treatment had to be confined to ensuring the patients' comfort and dressing the wounds of casualties who had not passed through the RAPs. Things were little better at the ADS. The town swarmed with flies; yet nothing could be done about the refuse and dead animals as any movement brought shellfire. In fact, on the 22nd 30 shells crashed into the area immediately surrounding the ADS, just as a convoy of **American Field Service** ambulance cars was arriving. Four ambulance cars were hit and many tires riddled. One driver was wounded and evacuated to the CCS.

The shelling and mortaring in the vicinity of the 21 Battalion RAP and the car post became so intense during the next few days that a more frequent changeover of men was found necessary. There were not enough stretcher-bearers to provide the required relief every four or five days, and men from all sections were sent. The ASC arranged a change of drivers every two days. All reliefs were carried out in daylight. The Germans did not molest vehicles carrying the **Red Cross**, and its use was not abused.

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<sup>7</sup> **Maj J. W. Bartrum**; born **Wellington**, 23 May 1913; Medical Practitioner, Auckland Hospital; Medical Officer Maadi and **Kfar Vitkin**, Jan-Jun 1942; RMO 21 Bn and Engineers Jul 1942-May 1943; 5 Fd Amb May 1943-Apr 1944; 3 Gen Hosp Dec 1944-Aug 1945; CO 1 Conv Depot Aug 1945-Jan 1946.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ONSET OF SPRING

### *Onset of Spring*

**During April the weather remained fine except for occasional heavy showers. With the onset of spring, budding trees and abundant blossom relieved the grimness of the war-ravaged countryside. It was possible to arrange for day leave to **Naples**. With the approach of the malarial season full anti-malarial precautions were adopted. The nasty-tasting little mepacrine tablets made their appearance after the evening meals. The principles and methods of mosquito control were expounded to groups from divisional units at a malaria school run by 4 Field Hygiene Section under Maj Knights. Summer clothing was issued to the men in the **Volturno Valley** in the middle of the month, though in the mountainous area the change was postponed until the end of the month because of the cooler weather there. In many cases the summer issue was outrageously ill-fitting, and parties of men with khaki drill under their arms and their jackets bulging with tins of bully beef, ambled down the roads to the villages, where women with sewing machines did a roaring trade.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## FINAL ATTACK ON CASSINO

### *Final Attack on Cassino*

Shortly before midnight on 11 May a large-scale attack was launched by British and Polish troops. When the enemy began to withdraw, the Division was to follow up, but on the night of 13-14 May there was an unexpected call for armour to support **4 British Division** in the **Liri Valley**.

After a hurried move from the rest area, 19 Armoured Regiment got its tanks across the Gari River, and the following night supported a British infantry attack across the Piopello stream. During the next few days New Zealand armour led the infantry in a 'left-hook' thrust which cut Route 6, the main route of withdrawal from **Cassino**.

The enemy fought with foolhardy daring, losing as many as 150 dead to one squadron in a night battle, but fortunately our casualties were light and the evacuation of wounded to 4 MDS, and subsequently to 1 Mobile CCS, proceeded smoothly.

**Cassino** itself was attacked on the morning of 18 May, but it was found that the enemy had withdrawn, and this scene of so much bitter fighting finally fell with scarcely a shot fired.

The same day a Polish attack on **Monastery Hill** was successful. On the night of 24-25 May the Germans withdrew from their positions in the **Apennines**, and by the 25th the barrier that had stood across the road to **Rome** since October 1943 had been completely smashed and the pursuit of the enemy up the peninsula of **Italy** had begun.

Many members of medical units who were near **Cassino** after its capture visited the ruined town and monastery, and those passing it at a later date on the way to **Rome** leaned out of their vehicles to gaze at the destruction. When leaving the main road to clamber over the masonry of

**shattered buildings, one had to walk carefully as the place was infested with mines. Bodies, too, still lay about. Few, if any, paid the town more than one visit: a repulsive atmosphere of desolation hung over the ruins, the shell-blasted hillside, and the huge bomb craters, half-filled with slimy, evil-looking water. Even back at the unit areas, beautiful as was the countryside, clothed with fresh spring foliage and ablaze with scarlet poppies, some of the men felt an eerie quality about the peaceful stillness.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE ADVANCE

### *The Advance*

The enemy still held positions in the **Terelle** sector on 25 May and New Zealand troops were still unable to move in daylight without drawing fire. Just before dark on the 24th, three men of A Company, 5 Field Ambulance, were wounded, one fatally, while adjusting the blackout covers over openings in the battered cookhouse building, the only part of the ADS above ground.

An attack was delivered toward **Terelle** in the early hours of the 25th, and in anticipation of heavy casualties extra stretcher-bearers were sent up to the car post. However, the enemy had practically evacuated **Terelle** and the surrounding territory overnight, and casualties were so light that the stretcher-bearers were not needed. Later in the morning the Rt. Hon. Peter Fraser, with **General Freyberg**, called at the car post and talked with the men.

Some of the stretcher-bearers of 5 ADS were attached to the battalion RAPs and moved forward with the infantry through **Terelle** and on toward **Atina**. Most of the vehicles were held up by demolitions on the roads; but one of the MAC jeeps, carrying a party of the ADS stretcher-bearers, made a few bumpy detours, one taking it over the remains of a demolished house, and was probably the first New Zealand vehicle to reach **Atina**. The stretcher parties camped with the battalions on the outskirts of the town.

On the 28th **Maj R. A. Wilson** went forward to **Atina** to select a site for the ADS. Meeting some of the stretcher-bearers returning to Sant' Elia for further orders, he took some of them with him and sent the remainder to the car post to act as a first-aid post for casualties on the long trip up. The only building that seemed at all suitable for an ADS was a schoolhouse, and it was in a filthy condition. Leaving one of the

men there to hold the building and to look after a wounded German whom the local Italians were intent on killing, the rest of the party carried on in an unsuccessful search for more suitable quarters. Next day 4 MDS, under **Lt-Col F. B. Edmundson**, arrived at Sant' Elia, and the remainder of A Company moved along the road through **Belmonte** to **Atina**, and the full ADS set up in the schoolhouse.

After treating battle casualties and sick, and incidentally, feeding the few half-starved civilians who had returned to the town, A Company moved forward again, an advanced party leaving on the 31st and the remainder of the company following on 1 June, to establish the ADS in a two-storied house on the **Atina- Sora** road. There were casualties immediately—a party of Maoris who, in their advance, had run into an ambush.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 MDS AT ATINA

### *5 MDS at Atina*

At 6.30 a.m. on the 30th, HQ and B Companies, 5 Field Ambulance, pulled out from the **Volturno Valley** to travel through **Acquafondata**, **Sant' Elia**, and **Belmonte** to **Atina** and take over the school building which A Company was preparing to leave. There were casualties immediately, and through that day and the following day the MDS was busy. It did not help when the Germans started shelling the town.

More and more of the civilian population were returning to **Atina**. Most of them were elderly people and women and girls who had been hiding in caves and gullies during the winter months, short of food and clothing, and their condition was absolutely wretched. At every meal they thronged around the mess queues, gazing longingly at the steaming dixies and mess tins. It was too much for some of the men; they drew their food and handed it straight to some old man or woman.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## UNITS AT SORA

### *Units at Sora*

As A Company, 5 Field Ambulance, moved into the house on the Sora road, the advanced party moved out again and went ahead to occupy a palatial house about half a mile from Sora itself. The company followed next day and continued to admit and treat battle casualties and sick. It was found that the civilians in the liberated towns regarded medical establishments as the 'cornucopia' of all the amenities of civilisation. They expected medical treatment, food, and a safe passage to their homes. This attitude of mind called for constant dissuasion and taxed the ingenuity of the linguists of the units. When 5 ADS arrived at Sora, the Padre wanted to ring the bell of the chapel for the inhabitants, but was dissuaded on the grounds that their physical hunger would probably be greater than their spiritual needs, and that a repetition of the miracle of the loaves and fishes would be the only adequate answer. The chapel bell was not tolled. Many Italians, however, were given medical treatment, the wounded among them being sent on to the MDS with soldier patients.

On 3 June the rest of 5 Field Ambulance arrived to run an MDS, and A Company moved out and bivouacked in the fields to the rear. The house was ideally suited for a hospital. There were 40 or more rooms, and all sections except the post-operative centre were accommodated on the ground floor. Two rooms for nursing were fitted up on the first floor, and three men from the CCS were attached for the nursing of abdominal and chest wound cases. Casualties were heavy, and the attached 1 General Hospital surgical team and 2 NZ FTU were kept busy. On the 4th one of the tarpaulin shelters was erected outside the house to facilitate reception and evacuation. There were no difficulties with holding patients as the large ballroom made an excellent ward. Several batteries of heavy guns nearby made conditions unpleasant both for casualties



**and the orderlies trying to get some sleep. Moreover, the Germans responded vigorously, some of their shells landing too close to the MDS for comfort.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CAPTURE OF ROME

### *Capture of Rome*

On the coastal sector Allied forces cleared the approaches to **Rome**, and then on 4 June the capital city, so rich in history, fell. All the forces in **Italy** could claim a considerable share in this achievement and join in the feeling of triumph. Nor was this all the cheering news to troops who for so long had fought on doggedly, for on 6 June came the invasion of **France**—the long-awaited Second Front had become a reality. Its success was to make certain the final fate of **Germany**.

In the upper **Liri Valley** the enemy accelerated the withdrawal he was accomplishing behind his defences at **Balsorano**, which town he deserted. 6 Brigade moved in on 6 June. Extensive demolitions and mines prevented the brigade from maintaining contact with the fleeing forces. After the fall on 9 June of **Avezzano**, a town on the main lateral road between **Pescara**, on the east coast, and **Rome**, it became increasingly obvious that the line of advance on which the Division was operating had become a cul-de-sac, and by the middle of the month it had been decided to abandon operations in this sector. Bailey bridging was urgently required elsewhere, and the divisional concentration area had to be altered to avoid isolation by unbridged demolitions. The Division, therefore, gathered at **Arce**, in the **Liri Valley**, some 20 miles north-west of **Cassino**.

From the hills in the neighbourhood of **Avezzano** hundreds of escaped prisoners of war filtered back through the New Zealand lines. They included men from the **United Kingdom**, New Zealand, **Australia**, South Africa, **United States**, **India**, and **Russia**. Some brought with them their Italian wives, with whom there would sometimes be a *bambino*. Most of them had become prisoners in North Africa and were overjoyed to be in Allied hands again.

**For the adequate cleansing, clothing, and feeding of these men, many of whom had undergone great privation and overcome many obstacles to regain their freedom, it was decided to employ one of the closed MDSs. 4 Field Ambulance was chosen, and the unit opened for the reception of prisoners of war on 17 June.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HEALTH CONTROL

### *Health Control*

**An increasingly familiar sight to members of 2 NZ Division in Italy was the yellow armband worn by personnel of 4 Field Hygiene Section. These men were engaged on the work of safeguarding the health of the troops, in the field or on the move. They were concerned, too, with the prevention of malaria and of the intestinal diseases, especially dysentery, diarrhoea, and the typhoid group. Where troops were in contact with a civilian population, which was likely to increase the incidence of these diseases, steps were taken by the Field Hygiene Section to ensure that civilians, too, observed the elementary rules of hygiene. This formed a major portion of their work in the mountain sectors near Cassino.**

**Difficulties were often encountered. Foremost among them was the language problem; much patience and ingenuity were devoted to overcoming this, so that the section could make its ideas understood and get them carried out. Another difficulty was to find someone in authority in a village to undertake responsibility for the supply of labour and materials, and for the execution and continuation of the works which the section planned. The *podesta*, or mayor, was usually found to be co-operative, while the local doctor, when there was one, also assisted. Help was furnished by the *carabinieri* (police), whose office in the villages was often an hereditary one.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS AT FROSINONE

### *CCS at Frosinone*

After four months at **Presenzano**, the CCS moved in sections between 7 and 12 June to a new site 50 miles north, just past the hilltop town of **Frosinone** on the main road to **Rome**. At this location the CCS, working alternately with 19 British CCS, received large numbers of casualties, admitting British, Canadian, and South African wounded and sick as well as Indians and Americans. Gradually, however, work eased off as the fighting advanced beyond **Rome**, most of the patients then coming from the New Zealand Division resting at **Arce**. Minor cases of sickness were held until they recovered and were returned to their units. Since evacuation to **Naples** necessitated a long and tiring journey by road, most of the severe cases suffering from abdominal and head wounds were sent by air ambulance from a landing ground a few miles distant. This arrangement was very satisfactory, the air trip to **Naples** taking only 35 minutes.

While the unit was at **Frosinone** quite a number of Italian civilians were admitted as casualties. Their wounds were caused by mines and booby-traps left in their homes by the retreating Germans. Disposal of these people was often difficult, since it was sometimes hard to find a civilian hospital that would admit them. Usually these civilian patients were accompanied by a number of relatives. It was almost impossible to explain in Italian to them just why it was that the patient could not remain in the hospital. A scene quickly developed when the poor peasant people learned that their Carlo or Maria or '*pauvre vecchio Papa*' had to be evacuated to a distant hospital. The unit was also approached by dozens of local inhabitants seeking medical attention for all manner of ailments. Seemingly they had no medical service of their own, or if there was a doctor in the village he either charged exorbitant prices or was considered to be no good. In the end, however, it was necessary to stop

these people entering the camp, since the unit's medical supplies were primarily for the wounded.

At **Frosinone** hitch-hiking was not as easy as it had been at **Presenzano**. **Rome** was the main attraction at this time. Leave trucks made trips there on one or two occasions, but most of the staff who visited the capital did so under their own arrangements while off duty. In the absence of regular traffic past the camp, it was necessary to walk four miles to Highway 6. Here there was a continuous flow of vehicles to **Rome**, and the 50-mile trip could be done in a very short time.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## SPELL AT ARCE

### *Spell at Arce*

**For the first time since they began fighting in Italy, all units of 2 NZ Division were able to enjoy a complete rest while they remained assembled in the vicinity of Arce, far from the sound of gunfire and amid the quiet, peaceful beauty of the lower Liri Valley. Much valuable training was done, and refitting and maintenance of vehicles undertaken in preparation for the Division's return into action. Advantage was also taken of the opportunity to check and overhaul equipment and make good any deficiencies.**

**For all units there were gymkhanas and sporting activities of every kind. There was a Medical Corps sports meeting, and unit picnics were held at Lake Albano.**

**The setting of the blazing sun did not spell boredom by any means, for regular entertainment was provided by the Kiwi Concert Party and similar British stage shows, while almost every evening mobile cinemas of NZ YMCA operated in the open air. Audiences could sometimes be critical, but always for the Kiwi Concert Party there would be general favourable comment as the men made their way in groups to their bivouac areas after the performances.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## LEAVE

### *Leave*

Nor was this all on the holiday programme, for in **Rome** one of the finest hotels, the Quirinale, had been transformed into another very popular New Zealand Forces Club. Here conditions were really on luxury lines, and the city had boundless sources of interest. Tours of the City of the Seven Hills were among the many amenities provided free of cost in divisional transport with experienced guides. Leave to **Rome** was arranged as liberally as possible, and the field ambulances were able to release large quotas of men for day leave. Three-day leave to the lovely island of **Ischia** was also reinstated. This wooded island off the Bay of **Naples**, with its ancient castles and pleasant beaches, provided a place of relaxation from the strain of war conditions.

Mount Vesuvius was climbed on numerous occasions by the members of the staff of **2 General Hospital**. From the rim of the crater one looked down into a huge cavity of forbidding appearance, but all around was a panorama of marvellous variety and beauty: to the north-west the city of **Naples**, and beyond, the Isle of **Ischia**; then the majestic Bay of **Naples**, bordered to the southwest by the Sorrento Peninsula and the Isle of **Capri**. Close to the foot of **Vesuvius** in the south was both old and new **Pompeii**, while away to the north and east, across wide plains checkered with cultivated fields and vineyards, extended the rugged **Apennines**.

The Sorrento Peninsula was a popular place for leave for a while, but it was not long before restrictions were placed on going there. **Sorrento** was an attractive, straggling village of one main street, meandering happily along craggy cliffs high above the sea. It commanded a superb view of the shimmering Bay of **Naples**. From there an hour's trip in a launch took one to the Isle of **Capri**, with its famous blue grotto and the heights of Anacapri. Farther round the rugged coastline were Amalfi, Ravello, Maiori, and Positano. This last village was built on an inlet,



**with a tiny, sandy bay cluttered with half-painted fishing smacks. Houses perched precariously on the cliffs were outwardly unprepossessing but within were spotless and wonderfully cool. Positano had a magical charm as a 'honeymoon haunt' for some of the staff of [2 General Hospital](#), for in this as in other hospitals hardly a month passed but some of its female staff were married.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 17 – ADVANCE TO FLORENCE

## CHAPTER 17

### ADVANCE TO FLORENCE

**THE WAR in Italy** had not stood still since the fall of **Rome**. The Germans had made a long withdrawal towards their next important barricade across the peninsula. This was known as the **Gothic Line**, and ran from Massa on the Gulf of Genoa, through north of **Florence**, to **Pesaro** on the Adriatic coast. It was the Allied intention to hasten the enemy's withdrawal as much as possible and to attack the **Gothic Line** before he had opportunity to complete its defences. But to do this a series of strongly defended intermediate positions south of **Florence** had to be overcome.

To assist in attaining this objective, 2 NZ Division was needed by 13 Corps, and this brought to an end the pleasant respite from active operations. Moving secretly at night, the Division travelled 250 miles northwards through the outskirts of **Rome** and on to an area just south of **Lake Trasimene**. On the night of 9-10 July the first convoys left **Arce**, and three nights later 6 Brigade was once more in the line, 15 miles north of the lake, ready to attack the mountain heights overlooking the approaches to **Arezzo**.

#### *The Division Attacks*

In daylight on 13 July 6 Brigade made the first advance against this heavily wooded arc of peaks and captured Mount Castiglion Maggio and Mount Cavadenti, and on the nights of 14-15 July and 15-16 July overcame stronger opposition to take Mount Lignano and Mount Camurcino.

For the action A Company, 6 Field Ambulance, moved up and occupied three houses on the fringe of the village of **Castiglion Fiorentino** as an ADS. Batteries of 25-pounders were sited immediately to the rear of the ADS buildings, which jarred and shook to persistent counter-battery fire during the afternoon and evening of the 14th. At

midnight the uproar rose to a crescendo as heavy concentrations were fired in support of the infantry attacking Mount Lignano. That night brought 30 casualties to the ADS and the following day 61.

With the capture of Mount Lignano and Mount Camurcino by the New Zealanders, **Eighth Army** troops pushed on through **Arezzo** to the **Arno**, and by the 17th practically the whole of 2 NZ Division was withdrawn from the line.

Fourth Field Ambulance, moving with 4 Brigade, had reached **Civita Castellana**, about 30 miles north of **Rome**, on 13 July. At this point orders were received for HQ and A Companies to remain in the vicinity and establish a rest camp for parties from the Division going on day leave to **Rome**.

For the camp an excellent site was found—an expanse of grassy parklands with magnificent oak trees for shade. A further asset was a large well from which a windmill delivered clear, icy-cold water sufficient for complete ablution arrangements, including showers which were heated at suitable periods. These facilities were greatly appreciated by the leave parties after their long, dusty ride in the back of three-ton lorries.

To accommodate 200 visitors on their way to and from **Rome**, seven tarpaulins were erected. Parties of 100 other ranks and four officers would arrive from the Division in the early evening and be provided with dinner and lodging for the night. Early in the morning they would depart for **Rome** to see the sights on organised tours and would receive their meals at the New Zealand Forces Club. They would return to the camp late at night (by which time another party would have arrived from the Division), stay the night and be given breakfast before returning to the forward area. Unit cooking arrangements were fully extended at this time, but the cooks were equal to the task.

*Thrust Towards Florence*

When the Division was recommitted to the line, it was to be employed with 6 South African Armoured Division in driving a narrow wedge along the general line of Route 2 through to the River Arno, south-west of **Florence**. The Division relieved French Moroccan troops in the **San Donato** area north of **Siena**, between the Indians and South Africans, on the night of 21-22 July, with 5 Brigade in the line, and B Company, 5 Field Ambulance, as its ADS.

The approaches to **Florence** from the south and south-west were through a ring of hills, with the roads and valleys dominated by high ground on either side. Stubborn resistance was offered by the enemy, who retired only under heavy pressure from one to another of a series of excellent defensive positions. His best troops, including 4 Paratroop Division and 29 Panzer Grenadier Division, faced the New Zealanders. They were all supported by artillery, mortars, and the Germans' best armour—60-ton Tiger tanks.

From the time of its entry into the line, 5 Brigade made steady progress despite counter-attacks. Support was given by 4 Armoured Brigade, with which B Company, 4 Field Ambulance, moved forward as ADS. Pushing forward ten miles across difficult country, 5 Brigade broke the Olga Line and captured **San Casciano** on 27 July.

Fifth ADS moved forward from **Castellina** on the 22nd and set up near **San Donato**. Some of the shells that whistled over landed uncomfortably close to the dressing station. Once the canvas was up the men lost no time in digging in. The ADS again advanced on the 24th, pushing through **San Donato** to a point to the north of the town, where it remained for only one day before moving on to **Tavarnelle**. The staff car entered the selected field without mishap, but the following vehicle, an ambulance car, ran over a Teller mine and the driver was severely wounded. The orderly, though blown clean out of the ambulance, escaped injury. Transfusion and first-aid gear were unloaded immediately, and the driver received prompt attention before being evacuated to 5 MDS. The ambulance car had been completely wrecked.

The staff car was towed carefully out of the field, and the ADS convoy moved on to another field a few hundred yards down the road.

Meanwhile 5 MDS, under **Lt-Col J. M. Coutts**, near **Castellina**, carried on admitting battle casualties, with A Company open for sick, until the 25th, when the MDS switched to sick only. With roads all around the area, the dust blew in clouds through the tents, and the area soon became known as 'the dustbowl'. A rocky slope above was the only place suitable for burying the dead, and engineers had to be called in with explosives to blast out the graves.

Great clouds of choking white dust attended all vehicle movement, while the enemy kept up a steady harassing shellfire. By its very presence a numerous civilian population, helplessly caught in the turmoil which destroyed its homes and scarred its lands, made the fighting seem more bitter.

This fighting was in progress when His Majesty the King arrived in the divisional area on 26 July, in the course of his tour of **Italy** in which he visited troops from all parts of the British Commonwealth. A parade of 140 NZMC personnel assembled at Montecino to see the King. His Majesty stopped and spoke for a few minutes to members of the group. It was impossible for the King to see more than a small proportion of the Division.

At **San Donato** 6 MDS had begun admitting battle casualties on 25 July. During the morning of the 26th, shells whistled overhead to crash into **San Donato**, and a party of officers and men, representatives of HQ and both companies who were returning from the parade reviewed by the King, was held up outside the village. The German fire grew erratic. The shells began to fall short, and for two and a half hours in the afternoon they were landing in the MDS area. As everyone was recovering from his astonishment at the first black cloud of smoke and dust among the parked ambulance cars and trucks, another shell hit an adjacent farmhouse. By this time three men were wounded, one seriously. The next shell landed squarely in the area, luckily clear of the casualty-filled

**tarpaulins, wounding one of the HQ cooks.**

**Almost immediately another shell burst on the roadway outside. Traffic skidded to a halt in a cloud of dust that rose to the treetops, and then was away again, flat out. In the MDS area a scurrying crowd suddenly appeared. It was a rush to spread the 40-foot Red Cross sign at the forward end of the spur. Steel helmets began to appear, resurrected from long-forgotten corners in the trucks; and in all directions shovel-brandishing men were rapidly disappearing below ground.**

**The centres of the MDS carried on as best they could in between shells until late in the afternoon, when the shelling ceased and was not resumed. Later the MDS had a ring from our artillery, assuring the unit that that particular gun would not bother them again. But that, welcome as it was, did not put the skin back on the men who had tried to take cover by forcing themselves deep into the stack of sharp-stalked wheat stooks.**

**On its arrival there on 25 July, 6 ADS found the village of Tavarnelle badly smashed, as much by German demolitions designed to block the road as by shellfire. However, the inhabitants, unlike those of many other places, were busily at work cleaning up the streets. The ADS remained for two days, handling some 40 casualties, a few Italians who had trodden on mines, and a number of ailing babies brought in by anxious mothers.**

### ***Breaking the Paula Line***

**The Division was within ten miles of Florence and in contact with the Paula Line, which the enemy prepared to defend to the north of the Pesa River. The Paula Line was based upon the semicircle of hills surrounding Florence. In the New Zealand sector, the line of summits curved north-west from the valley of the Greve River to the Arno and lay across the path of the advance. The Division now set out to clear the enemy from the dominating summits. 6 Brigade, supported by 19 Armoured Regiment, established a bridgehead across the Pesa River at**



**Cerbaia** on 27 July. From **Faltignano Ridge**, **La Romola Ridge**, and the hilltop of **San Michele** the Germans made the most determined efforts to drive the New Zealanders back across the **Pesa**. With the support of a mass of artillery, a series of enemy counter-attacks was beaten off during the day of 28 July. Though communications were cut and the situation at times seemed precarious, 6 Brigade held on.

**San Michele** was a vital objective. On the night of 28-29 July, D Company, 24 Battalion, with strong support, managed to establish three strongpoints in the village despite fierce opposition. The Germans made desperate counter assaults with lorried infantry, self-propelled artillery, and Tiger tanks, but with the help of fighter-bombers of the Desert Air Force, who made over a hundred sorties, and concentrations of New Zealand artillery fire, the company held on in an epic battle. On the night of 29-30 July a crushing weight of shells compelled the enemy to withdraw.

After very heavy fighting on the following night, 22 Battalion of 4 Brigade captured **La Romola** and **Faltignano** ridges. Farther to the north, on the **Pian dei Cerri** and **La Poggiona** ridges, the summits that formed the spine of the barrier, the enemy continued to offer fierce resistance.

Sixth ADS moved up from **Tavarnelle** to **Lucignano** on 27 July, the eve of an attack by 6 Brigade on **San Michele**. The company occupied a building, half luxurious villa, half vintnery. Surrounded by well-planted gardens and comfortably furnished, it was a pleasant place, though the wine casks had been thoroughly drained.

Apart from the fact that guns in the valley to the rear fired continuously over the building, it was quiet at the ADS; but orderlies and drivers on the ambulance cars and jeeps had more excitement than they wanted bringing casualties through the enemy mortar fire in the forward areas.

*6 MDS at Tavarnelle*

Instructions were received at 6 MDS on the 27th to close and move forward. There were a number of casualties in the dressing station, and half of the unit went to work treating and evacuating them, while the remainder packed up. The trucks moved out at 11.30 a.m. along dusty, narrow roads to Route 2, and turned north. The MDS was reopened for battle casualties alongside the road north of **Tavarnelle** at a quarter past twelve. The area, which incidentally had to be shared with a colony of large, lean black ants that swarmed everywhere, was on the shoulder of a low hill and gave ample room for all tentage.

For miles around stretched beautiful, rolling country carrying crops of maize and fruit, all ripening or fully ripe. Tanks had rolled out some of the standing crops; but, in general, little damage had been done and farmers were busy threshing beans or scutching linen flax. Nearby, a communal machine was at work threshing wheat.

At **Tavarnelle**, where the number of casualties admitted steadily mounted, 1 NZ Field Surgical Unit ( **Maj A. W. Douglas**) and 2 NZ Field Transfusion Unit (Capt E. E. Willoughby <sup>1</sup>) were attached to assist.

(The surgical team that, since September 1942, had been a detachment of 1 General Hospital operating with the Division was formed into an official unit of **2 NZEF** on 10 June 1944 and called 1 FSU, a title which was changed to 3 FSU in October 1944, by which time Maj O'Brien <sup>2</sup> had succeeded Maj Douglas. It was always a valuable addition to the surgical strength.)



*A class at 4 Field Hygiene Section's Malarial School,  
Volturno Valley*

***A class at 4 Field Hygiene Section's Malarial School, Volturno Valley***

*Major H. T. Knights examines Italian children for malaria*



***Major H. T. Knights examines Italian children for malaria***



*2 NZ General Hospital, Caserta*  
***2 NZ General Hospital, Caserta***



*1 NZ General Hospital, Molfetta*  
***1 NZ General Hospital, Molfetta***

**There was a lull on 1 August; but the 2nd brought 150 casualties, and the following day only a few less. All centres and two theatres were working continuously. At one stage blood supplies ran short and twelve donors were drawn from the ASC drivers. Pressure eased a little on the 3rd, with 92 admissions, after which the days' totals fell gradually to an average of 40.**

**As Sgt H. Brennan says:**

**'The men who had been responsible for the splendid defence of San Michele passed through the MDS at Tavarnelle, including the very gallant soldier who had staggered from his stretcher in the collecting post to engage with a Piat gun the Tiger tank that had lumbered up to make the crypt of the church untenable for the defenders. When one ambulance brought in a head injury case with both feet lashed together, the ambulance orderly was almost exhausted and calling for help to retain the patient on the stretcher. An ex-All Black passed through with an abdominal wound. A British officer had been caught by a booby trap while attending to signal wires and had both hands blown off at the wrists. A young New Zealand signaller, of the last reinforcement, was brought in on a hard-driven jeep, his wound raw and undressed—he had stepped on a box mine while attending lines and one leg was hopelessly shattered. A flood of men came from an English battery—one of them**

had stepped on a Schu mine, and attempts at rescue had trapped, progressively, seven men altogether. From this group five feet were removed.

‘There were pitiful civilian casualties. A father brought in his five sons, all badly burnt through lighting a pile of cordite charges and then not standing far enough away. A mother brought in four children caught by a mine, one of them with both legs shattered.

‘The blackened, swollen dead recovered from under the booby-trapped buildings at **San Casciano** were received. The burial gang worked over them in respirators. The engineers helped to cut the graves in the hard-packed, shingly soil beside the road, breaking it up with compressor drills. In the cemetery were buried the 14 patients who died in the MDS—the burnt and wounded trooper who died in the reception tent, the Armoured captain who fought with wonderful courage to live, and the Taranaki boy who went prowling and had been shot up by a jumpy-fingered American picket.

‘There were 50 graves in the cemetery before it was closed. A volunteer party worked on it, bringing in loads of tiles. They used these to make warm red paths among the graves and to enclose the mounds of each. The curves of the rows of crosses followed faithfully the same curve taken by the road. Two large, stone flower pots of irises stood on each side of the entrance, and a great stone pot with the same flowers stood in the very centre of the cemetery at the foot of a large cross. It was an exceedingly simple but very effective arrangement. Drivers of passing trucks used to crane out of their vehicles to watch it as they passed.

‘At **Castelfrentano** the unit had treated a large number of wounded, but in such a malevolent, sour season, and in such grudging daylight, there seemed nothing strange or discordant in the procession of wounded and dying; it had seemed a natural reflection of the weather. But in the lovely, diamond-bright autumn displaying the charm of **Italy**, the heavy sustained toll of the mangled rang with the discordant note of

a cracked bell.'

## *CCS at Siena*

After staging for ten days at Panicale, near **Lake Trasimene**, the CCS, under **Lt-Col A. G. Clark**,<sup>3</sup> moved on 23 July to **Siena**. Upon the arrival of the advanced section, the equipment was unloaded and the vehicles left to collect the remaining section at Panicale. Some of the departments were erected that afternoon.

Everyone was delighted with the new location, which was separated from the town by a ridge and a gully. The unit had never before set up as a tented hospital so close to a town. From the ridge **Siena** could be seen spread out over its hills; silhouetted against the sky was the graceful tower of its famous cathedral and the looming bulk of its many churches. The site where the CCS was set up was a very narrow one bounded on one side by a road ( **Eighth Army** express route) and on the other by a creek at the foot of wooded hills. Originally it had been an agricultural stadium, but it was a clean area and well drained, with a good system of roads and concrete channels. Thickly foliated trees provided plenty of welcome shelter and gave an attractive appearance to the camp.

Since space was so limited only six wards were erected, as well as pre-operative theatres, cookhouses, and other smaller departments; the QM was well established in modern office buildings facing the road. Officers' and nursing sisters' tents were in a grassy paddock to the east of the area, while the men's bivouacs, pitched necessarily close together, were in a plot at the westward end. Here, too, were camped the Italian Army personnel who, since **Presenzano**, had been employed in the cookhouses and mess tents.

On the day after the CCS arrived at **Siena**, casualties were admitted from the Division, which was now in action 15 miles south of **Florence**. For the following three weeks, as the fighting advanced towards the city and the **Arno River**, admissions remained at a high level, the average

number admitted daily being 110. Although these casualties came in the main from the New Zealand Division, others were received from Canadian and British units, while South Africans, Americans, and South African native troops were also handled.

The line of evacuation at this time was a particularly long one, at least for New Zealand troops. From **Siena** patients were sent to 4 British CCS, 15 miles south, and from there they went to 58 British General Hospital at **Lake Trasimene**. This was a very hot and dusty 50-mile journey and particularly tiring for seriously ill cases. From **Lake Trasimene** New Zealand patients went 200 miles by air to **Naples**, and were soon transported to 2 NZ General Hospital at **Caserta**. Later, air evacuation was instituted from **Siena**.

### *Decisive Battle for Florence*

On the night of 1-2 August the decisive battle for **Florence** began, when 5 Brigade, 6 Brigade, and 4 Armoured Brigade all joined in the attack on the Pian dei Cerri and **La Poggiona** ridges. The opposition was tenacious. Throughout the days of 2-3 August the combined efforts eventually forced the enemy to withdraw. This ended the battle for the **Paula Line** and decided the fate of **Florence**. New Zealand troops were firmly on top of the final line of hills and on the point of breaking through down the slopes to the **Arno**. Up to this time the South Africans had been unable to make more than slight headway along the valley of the Greve, through which ran Route 2, the main road to **Florence**, but with the **Paula Line** pierced by 2 NZ Division, the enemy had to abandon his positions south of the **Arno**.

Along the greater part of the front the Germans withdrew precipitately, and South African armour began to forge swiftly ahead along the main road to the city. The South Africans entered **Florence** early on the morning of 4 August. While 5 Brigade pressed on down the hill slopes towards the **Arno**, a New Zealand column entered the south-west outskirts. **Florence** lies on both sides of the **Arno**, the greater part being on the north bank. All but one of the many bridges across the

**Arno** had been destroyed, and this, the historic **Ponte Vecchio**, had been closed by great masses of rubble from buildings which had been demolished at its approaches. The enemy maintained many strongpoints on the north bank.

B Company, 5 Field Ambulance, closed down on 3 August and moved forward about four miles to set up at the roadside in the village of Massanera. The building was littered with books and school furniture, but it was soon cleared out for the ADS. Almost immediately casualties arrived, and they continued to arrive throughout the night. The ADS was busy until about half past four the following morning. B Company packed up and moved again in the afternoon of the 4th, and after travelling for about three miles the men caught their first glimpse of **Florence**, spread out on a plain with high hills to the rear. The company moved on in convoy with thousands of other vehicles, passing many burnt-out German tanks, some of them still burning, and made its way down into the suburbs of **Florence**, right under the nose of the Germans. Its destination was reached without event, save for one shell that landed about 200 yards away.

The ADS was set up in a large Fascist school building at **Scandicci**, about three miles south-west of the city, and battle casualties began to arrive immediately. Evacuation to 4 MDS, which was occupying a mansion on the southern slopes overlooking **Florence**, became so difficult that a car post had to be established and the casualties carried over the first stage of the journey by jeep. The Germans opened fire on the suburb during the night, but no shells fell near the ADS. From upstream came crashing explosions as heavy concentrations fell around a bridge across the **Arno**.

The difficult advance on **Florence** had traversed one of the most historic regions of the world in the post-Renaissance period. There was beauty in the hills covered with woods of oak and pine on the road from Chianti, and in **Siena**, whose brick walls glowed ' **Siena red**' in the morning sun. 5 Brigade fought in vineyards famous for some of the



**finest wine in the world—Chianti. Some troops had to guard masterpieces of painting which had been hidden in houses outside the city. The magnificent villas of the Florentine merchant princes had their suits of armour and their art galleries, their terraced gardens and their noble avenues of trees. Advancing units lived in one famous villa after another.**

**The turn came for 4 Field Ambulance to make a temporary home in one of these historic villas.**

### ***4 Field Ambulance Near Florence***

**To establish an MDS nearer to the forward elements of the Division than 6 MDS, which was still functioning on Route 2 near **Tavarnelle**, HQ and A Companies of 4 Field Ambulance on 4 August occupied at **Casa Vecchia** a fine, old-world mansion on the hills overlooking **Florence**, seven miles from the **Arno**. The dome of **Florence** cathedral could be seen, but members of the unit had to be content with that glimpse of the city until, with all other divisional units, they were given leave there some months later. The elaborate and baroque furnishings of the villa were removed upstairs, and the spacious ground-floor rooms laid out in reception, resuscitation, operating, and evacuation centres. The upper floors were placed out of bounds, and the aged *padrone* remained in residence. Though bemoaning his cruel fate, he proved fairly cooperative, and opportunity was taken to point out that his position, though trying, could have been much worse. Accommodation for all ranks continued to be under canvas. The unit was joined by 1 FSU, 2 FTU, and NZ Section MAC. Only a few battle casualties were admitted.**

**As it became apparent that the enemy intended to fight in and about **Florence**, arrangements were made for a regrouping. The enemy had withdrawn across the river, and a co-ordinated attack by the Fifth and Eighth Armies was planned, 13 British Corps crossing in the vicinity of **Florence** and 2 US Corps passing through the New Zealand positions, with the object of forcing the Germans back on the **Gothic Line** defences.**

As usual each brigade had an ADS set up. 6 ADS was situated near **Montelupo**, overlooking a tangle of valleys and spurs to the river and the heights beyond. Above stood a cluster of rather dilapidated buildings, crammed with refugees from **Empoli**. The nearest village, a scattering of houses along the road about half a mile to the rear, was rather inappropriately named Il Paradiso.

With a small shift only required on duty to treat and evacuate the few patients admitted each day, most of the men were once again free to do more or less as they wished; and being by this time experts in the art of getting their feet under the table, they were soon distributed through the homes in the vicinity.

After tea on the first evening, two men took a guitar up to the roadway by the houses and started chanting such lively tunes as 'South American Joe'. The company and the **Empoli** people converged on the spot, and before long a full-scale sing-song was in progress, the Italians, with their vast repertoire and their life-long familiarity with mass singing, easily outdoing the New Zealanders. The sound must have carried for at least half a mile, for parties of the extremely earthy-looking denizens of 'Paradise' came hurrying along to add their voices.

Thenceforward the gatherings were a nightly feature, usually beginning after the radio news. On arrival the company radio was set up on the bonnet of the evacuation section truck, and the refugees and inhabitants used to pack around to hear the news in Italian. One of the men invariably stood guard over the set, stoically enduring the smell of infrequently washed bodies.

The weather was for the most part fine and warm, though there was rain on the 10th and 11th, when several of the bivouacs were flooded. The days passed all too quickly. More and more **United States** troops were appearing in the area, and between 14 and 16 August they relieved the Division, which withdrew to **Castellina**, near **Siena**.

## *The Hospitals*

By the end of July as the New Zealanders battled for the last heights commanding **Florence**, the influx of patients at **2 General Hospital** had raised the bed state to 747, and leave was temporarily cancelled. The news of steady progress on the **Normandy** and Russian fronts, where the battle for **Warsaw** had begun, led to a wave of optimism throughout the unit regarding the possible early ending of the war in the European theatre. At **Caserta** the weather was hot and muggy, with occasional thunder showers.

On 1 August 83 casualties arrived by air, and the following day a new high level in the occupied bed state was reached when, for a brief period during the overlap of admissions and discharges, there were 817 patients in the wards. The congestion was relieved by evacuation by ambulance train and passenger train to **3 General Hospital** at **Bari**, **1 General Hospital, Molfetta**, and **1 Convalescent Depot, San Spirito**, of 50 and 130 patients on successive days, and then, after one day of no discharges, 103, 212, and 60 on successive days. On 14 August the largest evacuation ever made by the hospital took place when 214 patients were transferred to the east coast medical units. From that date evacuation facilities were satisfactory, and the bed state of the hospital remained below crisis conditions, although infective hepatitis cases began to come through in growing numbers from the Division.

Taking it all round, the difficulties of evacuation, crowded wards, heat and humidity threw a considerable strain on all hands, and made August 1944 a month to be remembered by **2 General Hospital**. The staff all rose to the occasion, took their troubles with good humour, and maintained the standard of work at high level. As events were to prove, this month was the climax of their activities at **Caserta**.

Leave arrangements were made by the hospitals in July so that members of their staffs could go on leave to the Isle of **Ischia**, and the sisters and WAACs could spend two days in **Rome**. A chance to see **Rome** became the ambition of all, as the first sightseers brought back such

glowing accounts of the New Zealand Forces Club, St. Peter's Cathedral, Vatican City, the Forum, Colosseum, Catacombs and the opera, among other highlights.

In August there were further staff changes in the hospitals as the 4th Reinforcements and some of the original officers and sisters left for New Zealand. Among these were both the commanding officer of 1 General Hospital, Colonel Pottinger, and the Matron, Miss M. Chisholm. They were succeeded by **Col W. B. Fisher** and Miss E. Worn <sup>4</sup> respectively.

## *Siena*

At **Castellina** the various units of the Division were scattered along the line of the road to **Siena**, many on sloping sites with a magnificent view of the surrounding country. The open MDS, the 4th, stood at the head of a knoll across a gully from 6 MDS. The view took in the rolling **Tuscany** plain. Lines of dust along its roads rose like smoke from bushfires. The red, cream, and buff of the villages set in the thick velvet green of the trees looked like distant, garden flower pots.

The staff of the CCS learned that a complete change from camp life could be found in the nearby town of **Siena**. To walk up through the woods at the back of their area, across the hill, down through the valley and then up the steep, narrow streets, was just a matter of a few minutes. The people of **Siena** were particularly friendly—in fact, the most friendly that had been met in **Italy**. They seemed to like New Zealanders and were surprised to learn that they were not black natives from some cannibal isle, as they had recently been led to believe by enemy propaganda. Some members of the unit spent all their free time in the people's homes. An hour or so in someone's home, poor though it might be, was a pleasant change from the monotony of camp life.

For the Division leave to **Siena** was controlled, but most of the men of the field units were able to visit the town. They found it a pleasant, mellow town, walled and quiet. It had been damaged but little, and the

celebrated cathedral was untouched. The South Africans made the New Zealanders welcome at their club. Most will probably remember **Siena** best for the excellent pipes that could be bought at the local factory and for the ceremonial pageantry of 'II Palio', enacted for their benefit by banner-bearers and drummers—horses were not available for the traditional race itself. The costumes were rich and fantastic in colour and design, making an impressive sight as the banner-bearers skilfully twirled the banners around them so that they floated and flowed parallel with the ground, or danced easily between the staffs and banners as they twirled them, tossing them high in the air and catching them behind their backs.

On the 24th all units were paraded along the main road to cheer at the passing of some distinguished personage whose identity was kept a secret. It was a blazing, sunny day, there was no shade, and the sides of the road were covered in dust. The troops were soon fed up with waiting, and when at last a car bearing Mr. Churchill came slowly past they were in no mood to cheer. Moreover, not expecting him, they were slightly startled. However, when he had passed some of them made up for their remissness by roundly cheering a carload of Redcaps, who did not appear to appreciate the honour overmuch.

Instructions were received to lighten loads on trucks to the greatest possible degree to achieve a high standard of mobility. Units combed through medical and personal gear for this purpose. A rather more than ordinarily serious kit inspection was held. Much surplus equipment was found; but at least as much was not found, as it was planted out among the bushes. Some voluntary contributions were made to the salvage heap, but almost as many items were filched from it during the contributing process.

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<sup>1</sup> **Maj E. E. Willoughby**, m.i.d.; born Ohakune. 23 Nov 1913; Medical Practitioner, **Auckland**; RMO 14 Lt AA Regt Aug 1941-Jun 1943; 6 Fd Amb Jun 1943-May 1944; OC 2 FTU May-Dec 1944.

<sup>2</sup> Maj D. P. O'Brien; born NZ, 23 Jul 1906; Surgeon, **Auckland**; SMO Norfolk Island Oct 1942-Sep 1943; Surgeon 1 Gen Hosp Feb-Aug 1944; OC 3 FSU Aug 1944-Mar 1945; Surgeon 5 Gen Hosp Mar-Apr 1945; died (Egypt) 29 Apr 1945.

<sup>3</sup> Lt-Col A. G. Clark, OBE, MC; born **Napier**, 6 Nov 1891; Surgeon, **Napier**; BEF 1915-18, Medical Officer RAMC, **France**; wounded and p.w. Apr 1918; repatriated Dec 1918; Surgeon 1 Gen Hosp Sep 1941-Dec 1943; 1 Mob CCS Dec 1943; CO 1 Mob CCS Jun 1944-Aug 1945.

<sup>4</sup> Matron Miss E. Worn, ARRC; born **London**, 9 Mar 1902; Sister, New Plymouth Hospital; Sister Camp Hosp, **Trentham**, Oct 1939; First Echelon; Charge Sister 1 Gen Hosp Nov 1940-Mar 1942; 2 Rest Home Mar 1942-Apr 1944; Matron 5 Gen Hosp Apr-Aug 1944; Matron 1 Gen Hosp Aug 1944-Feb 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**THE WAR in Italy had not stood still since the fall of Rome. The Germans had made a long withdrawal towards their next important barricade across the peninsula. This was known as the Gothic Line, and ran from Massa on the Gulf of Genoa, through north of Florence, to Pesaro on the Adriatic coast. It was the Allied intention to hasten the enemy's withdrawal as much as possible and to attack the Gothic Line before he had opportunity to complete its defences. But to do this a series of strongly defended intermediate positions south of Florence had to be overcome.**

**To assist in attaining this objective, 2 NZ Division was needed by 13 Corps, and this brought to an end the pleasant respite from active operations. Moving secretly at night, the Division travelled 250 miles northwards through the outskirts of Rome and on to an area just south of Lake Trasimene. On the night of 9-10 July the first convoys left Arce, and three nights later 6 Brigade was once more in the line, 15 miles north of the lake, ready to attack the mountain heights overlooking the approaches to Arezzo.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE DIVISION ATTACKS

### *The Division Attacks*

In daylight on 13 July 6 Brigade made the first advance against this heavily wooded arc of peaks and captured Mount Castiglione Maggio and Mount Cavadenti, and on the nights of 14-15 July and 15-16 July overcame stronger opposition to take Mount Lignano and Mount Camurcino.

For the action A Company, 6 Field Ambulance, moved up and occupied three houses on the fringe of the village of **Castiglione Fiorentino** as an ADS. Batteries of 25-pounders were sited immediately to the rear of the ADS buildings, which jarred and shook to persistent counter-battery fire during the afternoon and evening of the 14th. At midnight the uproar rose to a crescendo as heavy concentrations were fired in support of the infantry attacking Mount Lignano. That night brought 30 casualties to the ADS and the following day 61.

With the capture of Mount Lignano and Mount Camurcino by the New Zealanders, **Eighth Army** troops pushed on through **Arezzo** to the **Arno**, and by the 17th practically the whole of 2 NZ Division was withdrawn from the line.

Fourth Field Ambulance, moving with 4 Brigade, had reached **Civita Castellana**, about 30 miles north of **Rome**, on 13 July. At this point orders were received for HQ and A Companies to remain in the vicinity and establish a rest camp for parties from the Division going on day leave to **Rome**.

For the camp an excellent site was found—an expanse of grassy parklands with magnificent oak trees for shade. A further asset was a large well from which a windmill delivered clear, icy-cold water sufficient for complete ablution arrangements, including showers which



were heated at suitable periods. These facilities were greatly appreciated by the leave parties after their long, dusty ride in the back of three-ton lorries.

To accommodate 200 visitors on their way to and from **Rome**, seven tarpaulins were erected. Parties of 100 other ranks and four officers would arrive from the Division in the early evening and be provided with dinner and lodging for the night. Early in the morning they would depart for **Rome** to see the sights on organised tours and would receive their meals at the New Zealand Forces Club. They would return to the camp late at night (by which time another party would have arrived from the Division), stay the night and be given breakfast before returning to the forward area. Unit cooking arrangements were fully extended at this time, but the cooks were equal to the task.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THRUST TOWARDS FLORENCE

### *Thrust Towards Florence*

When the Division was recommitted to the line, it was to be employed with 6 South African Armoured Division in driving a narrow wedge along the general line of Route 2 through to the River Arno, south-west of **Florence**. The Division relieved French Moroccan troops in the **San Donato** area north of **Siena**, between the Indians and South Africans, on the night of 21-22 July, with 5 Brigade in the line, and B Company, 5 Field Ambulance, as its ADS.

The approaches to **Florence** from the south and south-west were through a ring of hills, with the roads and valleys dominated by high ground on either side. Stubborn resistance was offered by the enemy, who retired only under heavy pressure from one to another of a series of excellent defensive positions. His best troops, including 4 Paratroop Division and 29 Panzer Grenadier Division, faced the New Zealanders. They were all supported by artillery, mortars, and the Germans' best armour—60-ton Tiger tanks.

From the time of its entry into the line, 5 Brigade made steady progress despite counter-attacks. Support was given by 4 Armoured Brigade, with which B Company, 4 Field Ambulance, moved forward as ADS. Pushing forward ten miles across difficult country, 5 Brigade broke the Olga Line and captured **San Casciano** on 27 July.

Fifth ADS moved forward from **Castellina** on the 22nd and set up near **San Donato**. Some of the shells that whistled over landed uncomfortably close to the dressing station. Once the canvas was up the men lost no time in digging in. The ADS again advanced on the 24th, pushing through **San Donato** to a point to the north of the town, where it remained for only one day before moving on to **Tavarnelle**. The staff car entered the selected field without mishap, but the following vehicle,

**an ambulance car, ran over a Teller mine and the driver was severely wounded. The orderly, though blown clean out of the ambulance, escaped injury. Transfusion and first-aid gear were unloaded immediately, and the driver received prompt attention before being evacuated to 5 MDS. The ambulance car had been completely wrecked. The staff car was towed carefully out of the field, and the ADS convoy moved on to another field a few hundred yards down the road.**

**Meanwhile 5 MDS, under [Lt-Col J. M. Coutts](#), near [Castellina](#), carried on admitting battle casualties, with A Company open for sick, until the 25th, when the MDS switched to sick only. With roads all around the area, the dust blew in clouds through the tents, and the area soon became known as 'the dustbowl'. A rocky slope above was the only place suitable for burying the dead, and engineers had to be called in with explosives to blast out the graves.**

**Great clouds of choking white dust attended all vehicle movement, while the enemy kept up a steady harassing shellfire. By its very presence a numerous civilian population, helplessly caught in the turmoil which destroyed its homes and scarred its lands, made the fighting seem more bitter.**

**This fighting was in progress when His Majesty the King arrived in the divisional area on 26 July, in the course of his tour of [Italy](#) in which he visited troops from all parts of the British Commonwealth. A parade of 140 NZMC personnel assembled at Montecino to see the King. His Majesty stopped and spoke for a few minutes to members of the group. It was impossible for the King to see more than a small proportion of the Division.**

**At [San Donato](#) 6 MDS had begun admitting battle casualties on 25 July. During the morning of the 26th, shells whistled overhead to crash into [San Donato](#), and a party of officers and men, representatives of HQ and both companies who were returning from the parade reviewed by the King, was held up outside the village. The German fire grew erratic. The shells began to fall short, and for two and a half hours in the afternoon**

they were landing in the MDS area. As everyone was recovering from his astonishment at the first black cloud of smoke and dust among the parked ambulance cars and trucks, another shell hit an adjacent farmhouse. By this time three men were wounded, one seriously. The next shell landed squarely in the area, luckily clear of the casualty-filled tarpaulins, wounding one of the HQ cooks.

Almost immediately another shell burst on the roadway outside. Traffic skidded to a halt in a cloud of dust that rose to the treetops, and then was away again, flat out. In the MDS area a scurrying crowd suddenly appeared. It was a rush to spread the 40-foot **Red Cross** sign at the forward end of the spur. Steel helmets began to appear, resurrected from long-forgotten corners in the trucks; and in all directions shovel-brandishing men were rapidly disappearing below ground.

The centres of the MDS carried on as best they could in between shells until late in the afternoon, when the shelling ceased and was not resumed. Later the MDS had a ring from our artillery, assuring the unit that that particular gun would not bother them again. But that, welcome as it was, did not put the skin back on the men who had tried to take cover by forcing themselves deep into the stack of sharp-stalked wheat stooks.

On its arrival there on 25 July, 6 ADS found the village of **Tavarnelle** badly smashed, as much by German demolitions designed to block the road as by shellfire. However, the inhabitants, unlike those of many other places, were busily at work cleaning up the streets. The ADS remained for two days, handling some 40 casualties, a few Italians who had trodden on mines, and a number of ailing babies brought in by anxious mothers.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## BREAKING THE PAULA LINE

### *Breaking the Paula Line*

The Division was within ten miles of **Florence** and in contact with the **Paula Line**, which the enemy prepared to defend to the north of the Pesa River. The Paula Line was based upon the semicircle of hills surrounding **Florence**. In the New Zealand sector, the line of summits curved north-west from the valley of the Greve River to the **Arno** and lay across the path of the advance. The Division now set out to clear the enemy from the dominating summits. 6 Brigade, supported by 19 Armoured Regiment, established a bridgehead across the Pesa River at **Cerbaia** on 27 July. From **Faltignano Ridge**, **La Romola Ridge**, and the hilltop of **San Michele** the Germans made the most determined efforts to drive the New Zealanders back across the **Pesa**. With the support of a mass of artillery, a series of enemy counter-attacks was beaten off during the day of 28 July. Though communications were cut and the situation at times seemed precarious, 6 Brigade held on.

**San Michele** was a vital objective. On the night of 28-29 July, D Company, 24 Battalion, with strong support, managed to establish three strongpoints in the village despite fierce opposition. The Germans made desperate counter assaults with lorried infantry, self-propelled artillery, and Tiger tanks, but with the help of fighter-bombers of the Desert Air Force, who made over a hundred sorties, and concentrations of New Zealand artillery fire, the company held on in an epic battle. On the night of 29-30 July a crushing weight of shells compelled the enemy to withdraw.

After very heavy fighting on the following night, 22 Battalion of 4 Brigade captured **La Romola** and **Faltignano** ridges. Farther to the north, on the **Pian dei Cerri** and **La Poggiona** ridges, the summits that formed the spine of the barrier, the enemy continued to offer fierce resistance.

**Sixth ADS moved up from Tavarnelle to Lucignano on 27 July, the eve of an attack by 6 Brigade on San Michele. The company occupied a building, half luxurious villa, half vintnery. Surrounded by well-planted gardens and comfortably furnished, it was a pleasant place, though the wine casks had been thoroughly drained.**

**Apart from the fact that guns in the valley to the rear fired continuously over the building, it was quiet at the ADS; but orderlies and drivers on the ambulance cars and jeeps had more excitement than they wanted bringing casualties through the enemy mortar fire in the forward areas.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 MDS AT TAVARNELLE

### *6 MDS at Tavarnelle*

Instructions were received at 6 MDS on the 27th to close and move forward. There were a number of casualties in the dressing station, and half of the unit went to work treating and evacuating them, while the remainder packed up. The trucks moved out at 11.30 a.m. along dusty, narrow roads to Route 2, and turned north. The MDS was reopened for battle casualties alongside the road north of **Tavarnelle** at a quarter past twelve. The area, which incidentally had to be shared with a colony of large, lean black ants that swarmed everywhere, was on the shoulder of a low hill and gave ample room for all tentage.

For miles around stretched beautiful, rolling country carrying crops of maize and fruit, all ripening or fully ripe. Tanks had rolled out some of the standing crops; but, in general, little damage had been done and farmers were busy threshing beans or scutching linen flax. Nearby, a communal machine was at work threshing wheat.

At **Tavarnelle**, where the number of casualties admitted steadily mounted, 1 NZ Field Surgical Unit ( **Maj A. W. Douglas**) and 2 NZ Field Transfusion Unit (Capt E. E. Willoughby <sup>1</sup>) were attached to assist.

(The surgical team that, since September 1942, had been a detachment of 1 General Hospital operating with the Division was formed into an official unit of **2 NZEF** on 10 June 1944 and called 1 FSU, a title which was changed to 3 FSU in October 1944, by which time Maj O'Brien <sup>2</sup> had succeeded Maj Douglas. It was always a valuable addition to the surgical strength.)



*A class at 4 Field Hygiene Section's Malarial School,  
Volturno Valley*

***A class at 4 Field Hygiene Section's Malarial School, Volturno Valley***

*Major H. T. Knights examines Italian children for malaria*



***Major H. T. Knights examines Italian children for malaria***



*2 NZ General Hospital, Caserta*

***2 NZ General Hospital, Caserta***





*1 NZ General Hospital, Molfetta*  
***1 NZ General Hospital, Molfetta***

**There was a lull on 1 August; but the 2nd brought 150 casualties, and the following day only a few less. All centres and two theatres were working continuously. At one stage blood supplies ran short and twelve donors were drawn from the ASC drivers. Pressure eased a little on the 3rd, with 92 admissions, after which the days' totals fell gradually to an average of 40.**

**As Sgt H. Brennan says:**

**'The men who had been responsible for the splendid defence of San Michele passed through the MDS at Tavarnelle, including the very gallant soldier who had staggered from his stretcher in the collecting post to engage with a Piat gun the Tiger tank that had lumbered up to make the crypt of the church untenable for the defenders. When one ambulance brought in a head injury case with both feet lashed together, the ambulance orderly was almost exhausted and calling for help to retain the patient on the stretcher. An ex-All Black passed through with an abdominal wound. A British officer had been caught by a booby trap while attending to signal wires and had both hands blown off at the wrists. A young New Zealand signaller, of the last reinforcement, was brought in on a hard-driven jeep, his wound raw and undressed—he had stepped on a box mine while attending lines and one leg was hopelessly shattered. A flood of men came from an English battery—one of them**

had stepped on a Schu mine, and attempts at rescue had trapped, progressively, seven men altogether. From this group five feet were removed.

‘There were pitiful civilian casualties. A father brought in his five sons, all badly burnt through lighting a pile of cordite charges and then not standing far enough away. A mother brought in four children caught by a mine, one of them with both legs shattered.

‘The blackened, swollen dead recovered from under the booby-trapped buildings at **San Casciano** were received. The burial gang worked over them in respirators. The engineers helped to cut the graves in the hard-packed, shingly soil beside the road, breaking it up with compressor drills. In the cemetery were buried the 14 patients who died in the MDS—the burnt and wounded trooper who died in the reception tent, the Armoured captain who fought with wonderful courage to live, and the Taranaki boy who went prowling and had been shot up by a jumpy-fingered American picket.

‘There were 50 graves in the cemetery before it was closed. A volunteer party worked on it, bringing in loads of tiles. They used these to make warm red paths among the graves and to enclose the mounds of each. The curves of the rows of crosses followed faithfully the same curve taken by the road. Two large, stone flower pots of irises stood on each side of the entrance, and a great stone pot with the same flowers stood in the very centre of the cemetery at the foot of a large cross. It was an exceedingly simple but very effective arrangement. Drivers of passing trucks used to crane out of their vehicles to watch it as they passed.

‘At **Castelfrentano** the unit had treated a large number of wounded, but in such a malevolent, sour season, and in such grudging daylight, there seemed nothing strange or discordant in the procession of wounded and dying; it had seemed a natural reflection of the weather. But in the lovely, diamond-bright autumn displaying the charm of **Italy**, the heavy sustained toll of the mangled rang with the discordant note of

**a cracked bell.'**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS AT SIENA

### *CCS at Siena*

After staging for ten days at Panicale, near **Lake Trasimene**, the CCS, under **Lt-Col A. G. Clark**,<sup>3</sup> moved on 23 July to **Siena**. Upon the arrival of the advanced section, the equipment was unloaded and the vehicles left to collect the remaining section at Panicale. Some of the departments were erected that afternoon.

Everyone was delighted with the new location, which was separated from the town by a ridge and a gully. The unit had never before set up as a tented hospital so close to a town. From the ridge **Siena** could be seen spread out over its hills; silhouetted against the sky was the graceful tower of its famous cathedral and the looming bulk of its many churches. The site where the CCS was set up was a very narrow one bounded on one side by a road ( **Eighth Army** express route) and on the other by a creek at the foot of wooded hills. Originally it had been an agricultural stadium, but it was a clean area and well drained, with a good system of roads and concrete channels. Thickly foliated trees provided plenty of welcome shelter and gave an attractive appearance to the camp.

Since space was so limited only six wards were erected, as well as pre-operative theatres, cookhouses, and other smaller departments; the QM was well established in modern office buildings facing the road. Officers' and nursing sisters' tents were in a grassy paddock to the east of the area, while the men's bivouacs, pitched necessarily close together, were in a plot at the westward end. Here, too, were camped the Italian Army personnel who, since **Presenzano**, had been employed in the cookhouses and mess tents.

On the day after the CCS arrived at **Siena**, casualties were admitted from the Division, which was now in action 15 miles south of **Florence**.

**For the following three weeks, as the fighting advanced towards the city and the Arno River, admissions remained at a high level, the average number admitted daily being 110. Although these casualties came in the main from the New Zealand Division, others were received from Canadian and British units, while South Africans, Americans, and South African native troops were also handled.**

**The line of evacuation at this time was a particularly long one, at least for New Zealand troops. From Siena patients were sent to 4 British CCS, 15 miles south, and from there they went to 58 British General Hospital at Lake Trasimene. This was a very hot and dusty 50-mile journey and particularly tiring for seriously ill cases. From Lake Trasimene New Zealand patients went 200 miles by air to Naples, and were soon transported to 2 NZ General Hospital at Caserta. Later, air evacuation was instituted from Siena.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## DECISIVE BATTLE FOR FLORENCE

### *Decisive Battle for Florence*

On the night of 1-2 August the decisive battle for **Florence** began, when 5 Brigade, 6 Brigade, and 4 Armoured Brigade all joined in the attack on the Pian dei Cerri and **La Poggiona** ridges. The opposition was tenacious. Throughout the days of 2-3 August the combined efforts eventually forced the enemy to withdraw. This ended the battle for the **Paula Line** and decided the fate of **Florence**. New Zealand troops were firmly on top of the final line of hills and on the point of breaking through down the slopes to the **Arno**. Up to this time the South Africans had been unable to make more than slight headway along the valley of the Greve, through which ran Route 2, the main road to **Florence**, but with the **Paula Line** pierced by 2 NZ Division, the enemy had to abandon his positions south of the **Arno**.

Along the greater part of the front the Germans withdrew precipitately, and South African armour began to forge swiftly ahead along the main road to the city. The South Africans entered **Florence** early on the morning of 4 August. While 5 Brigade pressed on down the hill slopes towards the **Arno**, a New Zealand column entered the south-west outskirts. **Florence** lies on both sides of the **Arno**, the greater part being on the north bank. All but one of the many bridges across the **Arno** had been destroyed, and this, the historic **Ponte Vecchio**, had been closed by great masses of rubble from buildings which had been demolished at its approaches. The enemy maintained many strongpoints on the north bank.

B Company, 5 Field Ambulance, closed down on 3 August and moved forward about four miles to set up at the roadside in the village of Massanera. The building was littered with books and school furniture, but it was soon cleared out for the ADS. Almost immediately casualties arrived, and they continued to arrive throughout the night. The ADS was

busy until about half past four the following morning. B Company packed up and moved again in the afternoon of the 4th, and after travelling for about three miles the men caught their first glimpse of **Florence**, spread out on a plain with high hills to the rear. The company moved on in convoy with thousands of other vehicles, passing many burnt-out German tanks, some of them still burning, and made its way down into the suburbs of **Florence**, right under the nose of the Germans. Its destination was reached without event, save for one shell that landed about 200 yards away.

The ADS was set up in a large Fascist school building at **Scandicci**, about three miles south-west of the city, and battle casualties began to arrive immediately. Evacuation to 4 MDS, which was occupying a mansion on the southern slopes overlooking **Florence**, became so difficult that a car post had to be established and the casualties carried over the first stage of the journey by jeep. The Germans opened fire on the suburb during the night, but no shells fell near the ADS. From upstream came crashing explosions as heavy concentrations fell around a bridge across the **Arno**.

The difficult advance on **Florence** had traversed one of the most historic regions of the world in the post-Renaissance period. There was beauty in the hills covered with woods of oak and pine on the road from Chianti, and in **Siena**, whose brick walls glowed ‘**Siena red**’ in the morning sun. 5 Brigade fought in vineyards famous for some of the finest wine in the world—Chianti. Some troops had to guard masterpieces of painting which had been hidden in houses outside the city. The magnificent villas of the Florentine merchant princes had their suits of armour and their art galleries, their terraced gardens and their noble avenues of trees. Advancing units lived in one famous villa after another.

The turn came for 4 Field Ambulance to make a temporary home in one of these historic villas.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 FIELD AMBULANCE NEAR FLORENCE

### *4 Field Ambulance Near Florence*

To establish an MDS nearer to the forward elements of the Division than 6 MDS, which was still functioning on Route 2 near **Tavarnelle**, HQ and A Companies of 4 Field Ambulance on 4 August occupied at **Casa Vecchia** a fine, old-world mansion on the hills overlooking **Florence**, seven miles from the **Arno**. The dome of **Florence** cathedral could be seen, but members of the unit had to be content with that glimpse of the city until, with all other divisional units, they were given leave there some months later. The elaborate and baroque furnishings of the villa were removed upstairs, and the spacious ground-floor rooms laid out in reception, resuscitation, operating, and evacuation centres. The upper floors were placed out of bounds, and the aged *padrone* remained in residence. Though bemoaning his cruel fate, he proved fairly cooperative, and opportunity was taken to point out that his position, though trying, could have been much worse. Accommodation for all ranks continued to be under canvas. The unit was joined by 1 FSU, 2 FTU, and NZ Section MAC. Only a few battle casualties were admitted.

As it became apparent that the enemy intended to fight in and about **Florence**, arrangements were made for a regrouping. The enemy had withdrawn across the river, and a co-ordinated attack by the Fifth and Eighth Armies was planned, 13 British Corps crossing in the vicinity of **Florence** and 2 US Corps passing through the New Zealand positions, with the object of forcing the Germans back on the **Gothic Line** defences.

As usual each brigade had an ADS set up. 6 ADS was situated near **Montelupo**, overlooking a tangle of valleys and spurs to the river and the heights beyond. Above stood a cluster of rather dilapidated buildings, crammed with refugees from **Empoli**. The nearest village, a scattering of houses along the road about half a mile to the rear, was rather



**inappropriately named Il Paradiso.**

**With a small shift only required on duty to treat and evacuate the few patients admitted each day, most of the men were once again free to do more or less as they wished; and being by this time experts in the art of getting their feet under the table, they were soon distributed through the homes in the vicinity.**

**After tea on the first evening, two men took a guitar up to the roadway by the houses and started chanting such lively tunes as 'South American Joe'. The company and the **Empoli** people converged on the spot, and before long a full-scale sing-song was in progress, the Italians, with their vast repertoire and their life-long familiarity with mass singing, easily outdoing the New Zealanders. The sound must have carried for at least half a mile, for parties of the extremely earthy-looking denizens of 'Paradise' came hurrying along to add their voices.**

**Thenceforward the gatherings were a nightly feature, usually beginning after the radio news. On arrival the company radio was set up on the bonnet of the evacuation section truck, and the refugees and inhabitants used to pack around to hear the news in Italian. One of the men invariably stood guard over the set, stoically enduring the smell of infrequently washed bodies.**

**The weather was for the most part fine and warm, though there was rain on the 10th and 11th, when several of the bivouacs were flooded. The days passed all too quickly. More and more **United States** troops were appearing in the area, and between 14 and 16 August they relieved the Division, which withdrew to **Castellina**, near **Siena**.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE HOSPITALS

### *The Hospitals*

By the end of July as the New Zealanders battled for the last heights commanding **Florence**, the influx of patients at **2 General Hospital** had raised the bed state to 747, and leave was temporarily cancelled. The news of steady progress on the **Normandy** and Russian fronts, where the battle for **Warsaw** had begun, led to a wave of optimism throughout the unit regarding the possible early ending of the war in the European theatre. At **Caserta** the weather was hot and muggy, with occasional thunder showers.

On 1 August 83 casualties arrived by air, and the following day a new high level in the occupied bed state was reached when, for a brief period during the overlap of admissions and discharges, there were 817 patients in the wards. The congestion was relieved by evacuation by ambulance train and passenger train to 3 General Hospital at **Bari**, 1 General Hospital, **Molfetta**, and 1 Convalescent Depot, **San Spirito**, of 50 and 130 patients on successive days, and then, after one day of no discharges, 103, 212, and 60 on successive days. On 14 August the largest evacuation ever made by the hospital took place when 214 patients were transferred to the east coast medical units. From that date evacuation facilities were satisfactory, and the bed state of the hospital remained below crisis conditions, although infective hepatitis cases began to come through in growing numbers from the Division.

Taking it all round, the difficulties of evacuation, crowded wards, heat and humidity threw a considerable strain on all hands, and made August 1944 a month to be remembered by **2 General Hospital**. The staff all rose to the occasion, took their troubles with good humour, and maintained the standard of work at high level. As events were to prove, this month was the climax of their activities at **Caserta**.

Leave arrangements were made by the hospitals in July so that members of their staffs could go on leave to the Isle of **Ischia**, and the sisters and WAACs could spend two days in **Rome**. A chance to see **Rome** became the ambition of all, as the first sightseers brought back such glowing accounts of the New Zealand Forces Club, St. Peter's Cathedral, Vatican City, the Forum, Colosseum, Catacombs and the opera, among other highlights.

In August there were further staff changes in the hospitals as the 4th Reinforcements and some of the original officers and sisters left for New Zealand. Among these were both the commanding officer of 1 General Hospital, Colonel Pottinger, and the Matron, Miss M. Chisholm. They were succeeded by **Col W. B. Fisher** and Miss E. Worn <sup>4</sup> respectively.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## SIENA

### *Sienna*

At **Castellina** the various units of the Division were scattered along the line of the road to **Sienna**, many on sloping sites with a magnificent view of the surrounding country. The open MDS, the 4th, stood at the head of a knoll across a gully from 6 MDS. The view took in the rolling **Tuscany** plain. Lines of dust along its roads rose like smoke from bushfires. The red, cream, and buff of the villages set in the thick velvet green of the trees looked like distant, garden flower pots.

The staff of the CCS learned that a complete change from camp life could be found in the nearby town of **Sienna**. To walk up through the woods at the back of their area, across the hill, down through the valley and then up the steep, narrow streets, was just a matter of a few minutes. The people of **Sienna** were particularly friendly—in fact, the most friendly that had been met in **Italy**. They seemed to like New Zealanders and were surprised to learn that they were not black natives from some cannibal isle, as they had recently been led to believe by enemy propaganda. Some members of the unit spent all their free time in the people's homes. An hour or so in someone's home, poor though it might be, was a pleasant change from the monotony of camp life.

For the Division leave to **Sienna** was controlled, but most of the men of the field units were able to visit the town. They found it a pleasant, mellow town, walled and quiet. It had been damaged but little, and the celebrated cathedral was untouched. The South Africans made the New Zealanders welcome at their club. Most will probably remember **Sienna** best for the excellent pipes that could be bought at the local factory and for the ceremonial pageantry of 'II Palio', enacted for their benefit by banner-bearers and drummers—horses were not available for the traditional race itself. The costumes were rich and fantastic in colour and design, making an impressive sight as the banner-bearers skilfully

**twirled the banners around them so that they floated and flowed parallel with the ground, or danced easily between the staffs and banners as they twirled them, tossing them high in the air and catching them behind their backs.**

**On the 24th all units were paraded along the main road to cheer at the passing of some distinguished personage whose identity was kept a secret. It was a blazing, sunny day, there was no shade, and the sides of the road were covered in dust. The troops were soon fed up with waiting, and when at last a car bearing Mr. Churchill came slowly past they were in no mood to cheer. Moreover, not expecting him, they were slightly startled. However, when he had passed some of them made up for their remissness by roundly cheering a carload of Redcaps, who did not appear to appreciate the honour overmuch.**

**Instructions were received to lighten loads on trucks to the greatest possible degree to achieve a high standard of mobility. Units combed through medical and personal gear for this purpose. A rather more than ordinarily serious kit inspection was held. Much surplus equipment was found; but at least as much was not found, as it was planted out among the bushes. Some voluntary contributions were made to the salvage heap, but almost as many items were filched from it during the contributing process.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 18 – RIMINI

## CHAPTER 18

### RIMINI

**THE demand for extreme mobility was not an idle one. The Adriatic sector was again to be the destination of the Division in a secret move across Italy.**

**Preparations for the journey were completed by 26 August. On the morning of the 27th 6 Brigade left, and at ten o'clock A Company, 6 Field Ambulance, proceeded to the main road and joined the 680 vehicles of the brigade convoy. It was Sunday morning and scorching hot, and the pealing of church bells hung in the air. Civilians gazed curiously as the troops stood around the trucks in the inches-deep dust that covered the road and whitened the hedgerows.**

**The head of the column was already on the way, spreading along the roads at approximately twenty vehicles to the mile. Half an hour later A Company moved off and headed southwards through Siena. By the following morning, when HQ started the journey with the 2 NZ Division Troops Group, the whole Division was strung across the width of Italy.**

**The convoys swung eastwards at San Quirico and followed a roundabout route towards Lake Trasimene, then wound eastwards over tortuous secondary roads to strike Route 71 at Castiglione del Lago. The lake was shimmering under the moon as the stream of vehicles travelled on through the night, around the northern shores and down Route 75 past Perugia and Assisi. Gazing up the hillsides at the walls of Assisi, many would have liked to explore the historic town; but there were no halts and, moreover, because of the need for secrecy, all towns en route were out of bounds.**

**Passing the town signs of appropriately named Spello, A Company, 6 Field Ambulance, came to the staging area, some two miles south of Foligno, at 7 p.m. The transport ahead was pulling into the fields. Unit cooks assembled burners, and colonies of bivouac tents were appearing among the trees as the company came to a halt and made camp. After**



tea the commanding officer nipped in the bud many private schemes concerning nearby **Foligno** by announcing that, for security reasons, all ranks were confined to the area. The convoy had covered 130 miles during the day, halting only for lunch, and the troops bedded down early. Shortly after nightfall the quietness of an empty countryside lay over the encampment.

The morning was warm and moist, with a dense mist clinging to the ground and trees. Voices floated across from the road, where the vague figures of peasants, women carrying loads on their heads and men with donkeys and carts, were walking into **Foligno**. An old tower, with a stunted tree clinging to its ruined battlements, stood high above a nearby grove of oaks. The mist thinned out to a mere haze over the distant hills and villages, and the troops began to stir as engines started and the roar of petrol cookers arose. The leading units moved out on the second stage of the journey. A Company pulled back onto the road at 9 a.m. and followed the convoys ahead north-westward along Route 77.

Thenceforward the going was much more difficult. The column encountered steep hills and dangerously zigzagging roads as it passed along the route through Tolentino and past Macerata, to swing northwards through a region of broken country and roads deep in dust to **Iesi**. A Company's drivers were fortunate in covering the whole distance in daylight, the company arriving in the 6 Brigade assembly area, about a mile and a half to the north-west of the town, in the afternoon.

Headquarters 6 Field Ambulance and other units covered the last 104 arduous miles in darkness. People were awake in the villages, thrusting their heads out of windows or standing in groups in doorways, watching the darkened trucks roaring through. Dawn found 6 Field Ambulance north of Macerata. The drivers had been on the alert all night, easing their vehicles around hairpin bends above deep valleys, and now they were faced with roads deep in dust that, whirled up by the earlier convoys, had settled thickly over a wide area on either side. In the deceptive, early-morning light, the road verges were difficult to see. To fresh men the conditions would have been extremely difficult; to

tired drivers they were almost impossible. Consequently, it was not surprising that two vehicles drove off the road. The orderly-room truck came to a halt straddling the edge of a steep bank, but was towed back without much delay with the aid of a Sherman tank.

The unit passed through **Iesi** and followed Route 76 to the coast to join B Company, which had moved up from **Civita Castellana** to make preparations for a divisional rest camp near Case Bruciate, north of **Ancona**.

During the early days of September the Division remained near **Iesi**, awaiting its new role. Operating as ADS in the 6 Brigade area, A Company, 6 Field Ambulance, occupied a pleasant field, half grass-covered and half planted in well-grown tobacco, and bounded by fruit-laden grape vines. The weather was fine and extremely hot, and as the only work was the treatment of a trickle of sickness cases, parties of men were transported to the beach each day. The rest of the company sprawled in the bivvies or around the radio, scattered through the vineyards and houses, or strolled along the winding lanes and up the hill through the massive gateway of **Iesi**. It was an attractive town and the people were friendly enough, though some claimed that, having been liberated by the Italian Arditi, they owed the Allies nothing.

The 6 Field Ambulance rest camp was east on the coast and only a hundred yards or so from the sea. A double-line railway and the coast road, Route 16, ran between the camp and the beach. Every joint in the rails had been expertly blown apart by the Germans and the power-line pylons had been neatly toppled. The difference between the rest camp atmosphere and that of a normal MDS was most noticeable. There were no ambulance cars driving up to reception during the night, and no loaded stretchers being hoisted out by waiting stretcher-bearers. There were no soldiers wandering about with bandaged arms, faces and legs, or spotted with applications of gentian violet or brilliant green. Also, there was no smoking rubbish hole, evil-smelling with burning blood-soaked dressings and fragments of clothing. Instead there was a gathering of

casual, healthy-looking men, and the neat row of 180-pound tents in which they were housed, with bivouac tents hugging the boundary hedges or backed up against trees for shade.

Many times each day flights of fighters began their sorties by roaring low over the camp and beach; and occasionally a medium bomber jettisoned a stray bomb far out to sea, the splash and smoke vanishing before the report reached the shore. In the mornings the destroyers *Loyal* and *Urchin* steamed serenely past to throw the weight of their gunnery into the battle raging around **Rimini**. In the evenings the men, though themselves veterans of many thousands of miles of truck travel, sat along the banks at the roadside, smoking and lazily watching the stream of traffic passing up and down, or yarning with a party of South African engineers who were repairing the railway. With the assistance of the South Africans and their bulldozer, a football ground was levelled off nearby. It was smooth enough; but the freshly disturbed earth dried out in the sun and each game was played in a miniature dust-storm.

### *Attack on Gothic Line*

At this time the Germans were defending the **Gothic Line**, a formidable defensive system in considerable depth, embracing the entire breadth of the belt of interlocking ranges of the **Apennines** across **Italy**. The eastern sector ran along the Foglia River and was anchored at the Adriatic town of **Pesaro**. While the main mountain ranges stopped short of the coast, high foothills running almost to the sea provided excellent defence positions. Once an attacking army won past **Rimini**, 20 miles up the coast from **Pesaro**, it was thought that the **Gothic Line** defence system would be turned. It was expected that once the **Eighth Army** entered the **Po Valley** it would be able to exploit rapidly across the plain. Optimism at the ability to force the pace was to be sadly disappointed. Rivers and extensive canalisation north of **Rimini** continually hampered progress. Instead of making the expected rapid advance, **Eighth Army** entered upon a long and discouraging period of nearly four months' fighting, crossing numerous river obstacles in winter weather in

operations that can best be described as the 'battles of the rivers'. The operations did, however, tie down German forces that might otherwise have been used to help oppose the Allied advance in Western Europe.

**Eighth Army** began its attack towards the **Gothic Line** on the night of 25 August, and by the end of the month it was breaking into the defence system along the Foglia River. **Pesaro** fell to the Poles on 2 September. Canadian and British troops continued the advance on the narrow coastal strip and farther inland. On 10 September 2 NZ Division came under command of **1 Canadian Corps** for an operation which it was hoped to make a mobile one of break-through and exploitation.

**Eighth Army** pushed on until it was held up at the **San Fortunato Ridge**, which dominated **Rimini** and commanded the eastern entrance to the **Po Valley**. After heavy fighting, the ridge fell to the Canadian Corps on 20 September, and the next day Greek and supporting New Zealand troops entered **Rimini** and the Canadians crossed the Marecchia River to enter the **Po Valley**. At this stage 5 Brigade came up to pass through the Canadian bridgehead and continue the advance towards **Ravenna**, while 4 Armoured Brigade was also committed on the narrow coastal strip between Route 16 and the sea. As ADS to 5 Brigade, A Company, 5 Field Ambulance, set up in a small stable just south of **Rimini** on the 20th and admitted a large number of wounded on the 22nd, during which day its area was shelled and a jeep driver wounded.

On the 23rd 6 Brigade took up the attack, and A Company, 6 Field Ambulance, had reached a field just south of **Rimini** in the afternoon. A few shells landed among nearby olive trees at nightfall. Another screeched past into a hedge. Then one burst with a sizzle and a shattering explosion in a ploughed strip at the edge of the field, and the unpleasant humming of splinters started a rush to transfer bedrolls to the irrigation ditches. The shelling continued for about an hour, and inevitably, with the concentration of units in the vicinity, men were wounded. The ADS reception section set up and admitted and treated 25 casualties.

The night that followed was bitterly cold, and the blankets were drenched with dew when, at 5.30 a.m., one of the men went rushing along the ditches, prodding and shaking the men and imparting the dismal news that they had to be up and mounted and ready for an immediate move. Soon lethargic figures were groping around in the dim grey light of approaching dawn, packing gear and clambering on to the trucks, where they waited, with occasional descents to stamp up and down to warm their feet, until a welcome 'Come and get it' rang out from the cooks' truck. After breakfast there was more waiting around, the company finally moving off at midday.

Meanwhile, 6 Brigade was advancing. A Company, 6 Field Ambulance, passed through the outskirts of **Rimini** and set up the full ADS in the local cemetery, a mile or so north of the town. A typical Italian cemetery, it was completely walled in and crammed with graves, each bearing a porcelain photograph of the occupant. Some of the graves and the coffin receptacles that lined the walls had been blown open by direct hits, and the smell of old corpses hung in the air. However, it was sheltered and warm, and the men contentedly erected their bivouac tents among the tombstones.

Casualties were coming back from the battalions, and during the afternoon and evening of the 23rd the ADS admitted 55. Most of them were frankly startled on being hauled from an ambulance car into a moonlit cemetery.

At 7.45 p.m. on the 24th, 6 Brigade delivered a heavy attack that carried it on to the crossroads at **Bordonchio**, seven miles to the north. Men lined the tops of the cemetery walls to watch the guns, a long, flashing line in the darkness to the rear, as they poured out the barrage. The infantry advanced against formidable difficulties. The enemy laid down heavy shellfire along the whole front, and his troops occupied and fortified every house. Nearly 200 wounded were carried back to the ADS during the 24th and 25th.

During the 26th troops of 6 Brigade reached and crossed the **Uso**

(Cæsar's **Rubicon**); the Germans had withdrawn from **Bellaria**, a small seaside town beyond. Part of A Company moved forward up Route 16 to establish the ADS a mile south of **Bordonchio**. The bleak, muddy patch of ground was by no means a pleasant change from the grassy, sheltered, albeit somewhat odorous cemetery. The only house was badly damaged and polluted by cattle, which the Germans had taken into the lower rooms and slaughtered. Later in the day the carcasses were towed away by a jeep, and after being thoroughly cleaned some of the upper rooms made fairly good billets. Most of the men, however, erected bivouac tents in the open or burrowed into a couple of nearby haystacks.

The ADS was now in the vicinity of the RAPs, and casualties were frequently carried in direct from the field, without any preliminary treatment. Civilian casualties were often accompanied by tearful relatives, desperately pleading for information about their destination from busy orderlies, who had not the faintest idea what it would be.

A continuous stream of refugees passed along the road. Some were astonishingly cheerful; but the majority, naturally enough, looked wretched and hopeless. Young mothers carried babies and helped aged parents. Older mothers urged on their reluctant children. All were burdened by such belongings as they could carry. One family of albinos passed, completely fed up and squinting helplessly.

The 27th brought wind and rain, which continued throughout the following two days. The refugees, looking up uneasily as shells from the heavy and medium guns to the rear roared over into the German positions, still plodded southward through driving squalls that frequently blotted out the flat, desolate landscape.

Occasionally the road came under fire, the bursting shells sending up fountains of earth and mud, while the ground, soaked by the heavy rain, became a sea of ooze wherever transport moved off the hard road surface. Large areas were flooded completely.

During the evening and night of the 28th, a series of particularly

strong gusts of wind flattened many of the bivouac tents and half-flooded the slit trenches beneath. The evacuation section struggled with the thrashing tarpaulin, and tried to anchor the ropes with slabs of masonry where the pegs persistently dragged out of the soggy ground. Fortunately, the situation was under control when a party of wounded Tommies was carried in. One, with a penetrating shrapnel wound in the head, heaved himself aimlessly about like a stranded fish until quietened by an injection of morphia.

### *5 MDS at Riccione*

At **Riccione** 5 MDS took over the local municipal buildings. Cleared of debris, these buildings were very commodious, and it was possible to prepare some excellent 18- and 30-bed wards. The operating theatre was large enough to accommodate two surgical teams working at the same time, and had two adjoining rooms which were used as preparation rooms. The staff of the unit were quartered on the top floor, and the hospital kitchen and patients' dining hall were established in the basement. The holding capacity was slightly more than 150 patients, but as the unit began to receive both battle casualties and sick from the Division, this capacity was soon tested to the utmost.

From 20 to 25 September the theatre was in use continuously, 144 operations being performed. The rush of work had eased when 4 MDS took over farther forward at **Viserba**, two miles north of **Rimini**, on the 26th. Then the MDS was reorganised to hold more sick, and as the sickness rate in the Division proved to be much higher than usual, the unit was kept busy. Cases held varied from 130 to 150 and large numbers, including many jaundice patients, were evacuated to 1 General Hospital, less than 40 miles away at **Senigallia**.



*Convalescent Depot patients on the breakwater, San Spirito*

***Convalescent Depot patients on the breakwater, San Spirito***



*A wounded Indian soldier being treated at 5 Field Ambulance MDS, south of Florence*

***A wounded Indian soldier being treated at 5 Field Ambulance MDS, south of Florence***





*Colonel G. W. Gower (CO) and Matron Miss M. E. Jackson welcome the 40,000th patient to 3 NZ General Hospital, Bari*

***Colonel G. W. Gower (CO) and Matron Miss M. E. Jackson welcome the 40,000th patient to 3 NZ General Hospital, Bari***

*1 NZ General Hospital, Senigallia*



***1 NZ General Hospital, Senigallia***

## ***1 General Hospital at Senigallia***

**At the end of August 1 General Hospital moved 310 miles up the Adriatic coast from **Molfetta** to **Senigallia**, north of **Ancona**. An advanced party had earlier begun the necessary reconstruction to suit the hospital's needs there. When this party arrived, the enemy was only two towns away up the coast, and towns are not far apart in **Italy**. The switching of the Division back to the Adriatic coast had created a need for the rapid move forward of 1 General Hospital, which had now become the advanced hospital.**

The new hospital site at **Senigallia** was on the beach, in what had been a health resort for children and, latterly, a German military hospital. On the pale blue walls of one ward were bright paintings of Pinocchio, Donald Duck, and Mickey Mouse. They gave Fascist salutes and shouted *Avare il Duce* at appropriate intervals. The patients later came to like the rejuvenating atmosphere they created, even if they did not agree with the sentiments expressed. In any case, Mussolini had been well pushed off his pedestal by this time.

The central building lent itself to conversion to the needs of the administrative, laboratory, X-ray, and other departments. A walk beneath a vine-covered pergola brought one to a two-storied building used as a surgical block. It showed on all sides more window than wall. The smaller, detached buildings were to become a sisters' and nurses' mess. Tents had to provide all other accommodation. New Zealand engineers built access roads and other conveniences, while Italian labourers worked on inside alterations. Divisional medical units helped to erect tents.

**Lt-Gen Freyberg**, following an aeroplane accident, was admitted to the hospital on 3 September. While alterations were still being made to the surgical block, he was the first patient operated on in the new hospital.

The hospital was soon busy coping with an inrush of patients. The bed state had reached the high figure of 839 by 26 September, the total admissions for the month being 1667. Of these, 632 were evacuated to 3 General Hospital by hospital ship from **Ancona** and 189 by hospital train to 2 General Hospital.

The main highway passed the entrance to the hospital at **Senigallia**, and there was a continual noise from the endless chain of transport moving up to the front line and from planes droning overhead. During the last few weeks of summer and in the early autumn, it was enjoyable for the staff living in tents by the sea, but when the rains came and the sea breezes turned to boisterous gales and the ground underfoot became

waterlogged, it was another story. Every effort was made to erect huts as early as possible, and soon Nissen huts were dotted over the hospital area.

Battle casualties and infective hepatitis cases kept the unit busy in October. The average bed state was 587, but with the Division out of the line for most of November there was a consequent easing of pressure on the surgeons. Large numbers of patients continued to be evacuated to 3 General Hospital at **Bari** and 2 General Hospital at **Caserta**.

To the sisters of 1 General Hospital, who had long been in a base hospital, the task of setting up in a forward area, living under tented conditions, was new and interesting. Planning their tented homes and improvising ways and means for more convenient living had its humorous moments. One sister wanting a clothes-line found a long length of suitable wire attached to the fence, so cheerfully cut off a length sufficient for her requirements, quite unaware that telephonic communications would be abruptly interrupted.

### *Wet Weather Hampers Operations*

In the heavy rain from 28 September onwards, the 4 MDS site in a factory at **Viserba**, with its hard roads and good drainage, proved very satisfactory, but the whole divisional area became bogged. Operations were held up, which meant in turn fewer casualties. During the morning of 4 October the MDS moved to a new building, formerly an Italian children's hospital and sanatorium, on the coast road at **Igiea Marina**, just south of **Bellaria**. This building consisted of three large stories with a central block of small rooms, each wing forming large dormitories very suitable for holding patients.

The general disposition of units allowed the MDS to receive patients direct from the RAPs. On 5 October the unit was joined by a surgical team from 1 Mobile CCS with equipment for a 50-bed ward, an X-ray truck, and six nursing orderlies.

With the help of the engineers, windows were replaced with windolite, the water supply on the ground floor was put into working order, and a portable lighting set installed. In these comfortable surroundings a social function was held on 6 October to farewell those of the 4th Reinforcements who were leaving for Advanced Base on their return to New Zealand.

The MDS had three completely equipped operating theatres, but fortunately these arrangements proved over-adequate as there were not many casualties in the divisional sector. The total admissions for the first week at **Igiea Marina** were 238 sick and 84 battle casualties. The latter were mainly victims of sporadic shelling.

Persistent wet weather forced the crossing of the **Fiumicino** to be postponed. On 10 October it was decided to regroup the troops under Canadian Corps command. The 2 NZ Division sector was taken over by Canadian troops, and the Division moved to the adjacent western sector which had previously been held by Canadians. No great increase in distances of evacuation resulted, and the MDS remained at the same site receiving cases from 5 ADS, some three to four miles due west.

The weather began to improve on 11 October. An increase in the number of guns in the vicinity incited some retaliation by enemy artillery. During the afternoon several air bursts were observed over the building, and later accurate counter-battery fire on neighbouring gun sites caused a sudden influx of battle casualties. No MDS property was damaged.

### *Crossing the Rivers*

The rain which made the crossing of the **Fiumicino** impossible had failed entirely to pin down the infantry or to silence the artillery. Night after night, over the soft sound of drizzle and the howl of the wind in the trees, the roll of gunfire echoed from the **Apennines** to the sea. On 11 October 5 Brigade found the **Fiumicino** almost undefended and moved across to take the town of **Gatteo**, badly battered by shelling and

**bombing. San Angelo, a heavily defended enemy strongpoint, caused a hold up and led to many casualties before it was cleared by Maoris on the night of 14-15 October, when searchlights were used to create 'artificial moonlight'. This eerie light was a feature of the campaign from then on.**

**For the attack on San Angelo A Company, 5 Field Ambulance, moved forward to set up in two farmhouses. Extra jeeps and fourwheel-drive ambulance cars were called up to ensure that there would be no delay in evacuation on the narrow, slippery roads. Then, on the 15th, the ADS crossed the Uso River to open again in another farmhouse on the down route from **San Mauro**, and there admitted 100 battle casualties in 30 hours before crossing the **Fiumicino** and setting up in an orphanage building in **Gatteo**. Here the company found an old manual printing press and supplies of paper and ink. Soon the men were busy in their spare time filling orders for Christmas cards from some of the neighbouring battalions.**

**The Pisciatello River was crossed by 6 Brigade on the night of 18-19 October. Tanks were got across the river, and this changed the aspect of the advance as the country for some thousands of yards provided better going. Discounting the risks involved because of the soft ground, it was decided to thrust with the tanks right through to the **Savio**, a broad river running almost north. Such a manoeuvre, involving as it did a right hook of well over five miles, would cut all the coastal roads leading from **Cesena** to the coast up to a point well above **Cervia**, and in conjunction with a Canadian attack up Route 9, would almost certainly bring about the fall of **Cesena** itself. The manoeuvre was successful.**

**By 21 October the Division was right up to the **Savio** and **Cesena** had fallen to the Canadians. The all-important Route 9 was cleared to a point only 46 miles from **Bologna**.**

**This concluded a month of hard but unspectacular fighting by 2 NZ Division—a slogging match in the mud against an enemy who could be forced back but not overwhelmed. But the optimism of a month**

previously had not been fulfilled, and a break-through in the **Po Valley** had not been achieved.

In the afternoon of 20 October, A Company, 6 Field Ambulance, moved forward across the **Pisciatello** to a church between Gattolino and **Osteriaccia**. A building forming an annex to the church was occupied by an RAP and a platoon of infantry. Consequently, the only space available for the ADS was in the church itself. The company cleared out the pews, while the priest, a sinister-looking man, grew increasingly unhappy and restive. When the men clambered up the walls to black out some high windows, and began spreading their bedrolls and gear around the altar, he was moved to active protest; but, although all realised that it was a regrettable situation, it availed him nothing.

A large, inaccessible shell hole in the dome of the church caused some concern when the first casualties arrived at night and the lamps had to be lit. Sure enough, complaints began to pour in from nearby units. The light was visible miles inside German territory and a hail of shells was expected at any moment. Fortunately, the infantry moved out and the ADS was transferred to the annex.

The Savio River drive necessitated the opening of 6 MDS at **San Mauro**, as the lateral road to the coast had become very congested. On 18 October 4 MDS vacated the building at **Igiea Marina** in favour of 1 Mobile CCS, which held the site while the Division enjoyed an interlude at **Fabriano**.

### *Move to Fabriano*

Arrangements had been completed for 2 NZ Division to be relieved by 5 Canadian Armoured Division and withdrawn to a rest area, extending over 25 miles between **Fabriano** and **Camerino**, two towns lying to the east of Macerata. During the evening of 22 October Canadians relieved 6 Brigade, which began the journey southwards. A Company, 6 Field Ambulance, left its church site at 5.15 p.m.

To the tune of a few unenthusiastic farewells from the annex windows, the trucks drove off into the fog that lay over the flat, dismal landscape. A short distance back the men looked up in pleased surprise as the convoy passed under a banner erected by the Canadians and bearing the message 'Thanks a lot, Kiwis'. The roads were muddy, and as night fell hedgerows, trees, and vehicles were fitfully illuminated by the fog-dimmed flashes of the guns firing on either side.

The route to **Fabriano** was to become familiar to New Zealanders—**Rimini, Pesaro, Fano, Senigallia**, and then inland at Falconara, through **Iesi** to the mountains, where the Esino River, the road, and the railway twined through the narrow gorge between tall, bare, rock walls. The river was crossed at the Howe Bridge, usually after a good deal of delay.

In the last days of autumn, the Division found itself dispersed among quite unscathed villages in the heart of the **Apennines**. No one had heard of **Matelica, Fabriano, Castel Raimondo** or **San Severino**. There had been no pitched battle there, for the main highways through which the fighting had flowed many months before gave them a wide berth. They were backwater sleepy hollows, unspoiled by the continued presence of sightseeing and souvenir-hunting troops. Yet these places will be remembered with undiluted affection by the men of the Division. Attachment for the quiet beauty and for the people drew many a New Zealander back on a passing visit as long as the Division was in Northern Italy.

**Fabriano** was in a peaceful, fertile valley. Rounded hills bounded the wide valley and then steeper crests rose to the sky. The railway station and yard were heavily cratered and torn—they had been a supply depot for the retreating Germans. The streets and squares, all paved with cobbles, were clean and well maintained. The people seemed to belong to a prosperous community, although there were many refugees from other parts of **Italy** among them. The town was the trading centre for a large farming district.

**Fabriano** did not appear to have any large or enthusiastic Fascist

party, and the usually inescapable Casadel Fascismo was missing among the mass of buildings. No building was aggressively new or glaringly modern. The town contained a number of pottery factories operating hand-wheels, quite a large printing works, a foundry, flour mills, many little one-man shops of tinkers, tailors, carpenters, mechanics, all pottering away with surprising competence.

### *Life at Fabriano*

In the Scuola Tecnica Agraria in **Fabriano**, 4 Field Ambulance opened an MDS for the Division's sickness cases. This was a commodious, red-brick building, overlooking the valley in which the town spread itself over mild slopes. On the other side of the valley rose a rocky ridge, soon to be covered with snow. As it was necessary to hold only up to 150 patients in this agricultural college, the school authorities were allowed to continue functioning in a wing of the building. The structure itself, so unlike most buildings in the path of the war in **Italy**, was virtually undamaged and was a hallmark in the unit's history as being the first it had occupied in **Italy** with its electric light and water services still intact. The town's electricity system had escaped major damage.

For the remainder of the month and until 27 November, the MDS looked after the sick, the more serious cases being evacuated to 1 General Hospital at **Senigallia**.

The widespread dispersal of the Division and the congestion of traffic on the narrow roads necessitated the opening of 6 MDS, under **Lt-Col W. Hawksworth**, <sup>1</sup> in the castle on Rocca Lanciano, near **Castel Raimondo**, in the 6 Brigade area, ten miles to the south. Previously it had taken as long as three hours for patients to reach 4 MDS from 5 ADS, farther south at **Camerino**, in 5 Brigade's area. The weather at this time continued to be bad, but all units were accommodated in houses, factories, or castles and were able to keep dry.

Much of the life of **Fabriano** appeared to centre round the main



square, the Piazza del Podesta, bounded by public buildings and containing a chain-encircled fountain in a moss-covered basin. On warmer evenings the pillared terraces of the post office, public library, and art gallery were lined with troops peacefully enjoying the spectacle of crowds of citizens taking their after-dinner stroll.

The NZ **YMCA** opened a cafeteria in the post office building. Because of the shortage of cups, the tea was served in adapted milk tins, wrapped around with several layers of gauze as a protection for the hands. Even so, the counter radiated darting figures as men snatched up the tins and leaped to deposit them on the nearest table or ledge before they dropped from their scorched hands.

Three cinemas were operating in the town, but all suffered the effects of a shortage of power. It was impossible to run the projectors at anything like the normal speed, and the resultant drawling speech was almost unintelligible. The most popular entertainment was presented by a party of local Italians in the town's main theatre. It is probable that many soldiers still remember the lyric soprano voice of 14-year-old Sylvana Tisi and the exuberant personality of her sister, Anna Maria. They were followed by the **Kiwi Concert Party**. Then came an excellent **ENSA** show. Unfortunately, the New Zealand allocation of admission tickets for the latter were mere typewritten slips of paper, and widespread forgery caused a crowd of genuine ticket-holders to be left outside when the doors closed. However, the problem was solved in the usual manner: the doors gave way and most gained admission.

### *Field Ambulances Reorganised*

The long-projected reorganisation of the three field ambulances was completed in November, the aim being to scale down medical units in a general reorganisation of the Division, which included the absorption of troops from the disbanded 3 NZ Division. By the end of the month all three field ambulances were operating under a new establishment, with an enlarged Headquarters available as MDS when required and one company permanently attached to its brigade as ADS. The second

**company in each field ambulance (B Company) was eliminated.**

**On the 14th 6 Field Ambulance held its last ceremonial parade and march past in three companies, the ADMS, Colonel R. D. King, taking the salute. Colonel King commended the unit for its smartness and the general excellence of the parade; but he was unaware that watching him from where they were sprawled among the trees were men who should have been taking part in the parade.**

**By a coincidence the reorganisation of 6 Field Ambulance and the fourth anniversary of its arrival in the [Middle East](#) fell on the same day, and in the evening a combined anniversary and farewell dinner was held in the castle hall. For days one of the officers, with the administrator of the Rocca Lanciano estate to do the haggling, had toured the countryside buying turkeys, and the cooks equalled any of their Christmas-dinner feasts of the past.**

**The impressive hall and long tables lined with bottles of beer, menus, and toast lists made a sight calculated to boost any man's feelings, even if he regretted the passing of his unit's B Company (as many naturally did). In the first comparatively silent period 250 pairs of capable jaws were steadily exercised, and then the hall buzzed with genial conversation through which floated the violin notes and the rich tenor voices of the Italian entertainers. The 6 Brigade Band was expected; but unfortunately it spent most of the evening on the wrong side of a washed-out bridge and, after completing the journey on foot, arrived to find a gabble and uproar that would have discouraged even massed bands.**

**Toasts were drunk to the King, the Medical Corps, and the unit, and then with no further reason for remaining at the tables, the crowd merged and formed into groups that shifted, dissolved, and reformed, while the hall boomed and echoed to laughter and song.**

**Before the return to the line, leave to [Rome](#) and [Florence](#) was allotted as liberally as possible, and 5 Field Ambulance operated a leave**

camp at **Civita Castellana**. Since the clearance of the enemy from **Florence** a New Zealand Forces Club had been established in a former hotel, and members of the units were soon to be heard recounting their experiences in that city and comparing it with **Rome**. Partly because of its mauling by the passing conflict, **Florence** suffered by comparison. In many of the churches priceless paintings and sculpture of the Renaissance era had been either bricked up, sandbagged, or removed, and the famous picture galleries were not open for inspection, so many of their exhibits having been deposited elsewhere for safer keeping. Nevertheless, **Florence** had many attractions and was notable for the number of people able to speak good English.

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<sup>1</sup> **Lt-Col W. Hawksworth**, OBE, m.i.d.; born **Nelson**, 3 Mar 1911; Medical Practitioner; Medical Officer 5 Fd Amb Aug 1940-Jun 1941; 6 Fd Amb Jun 1941-Jun 1942; 1 Gen Hosp Jun 1942-Jul 1944; CO 6 Fd Amb Jul 1944-Jun 1945.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**THE demand for extreme mobility was not an idle one. The Adriatic sector was again to be the destination of the Division in a secret move across Italy.**

**Preparations for the journey were completed by 26 August. On the morning of the 27th 6 Brigade left, and at ten o'clock A Company, 6 Field Ambulance, proceeded to the main road and joined the 680 vehicles of the brigade convoy. It was Sunday morning and scorching hot, and the pealing of church bells hung in the air. Civilians gazed curiously as the troops stood around the trucks in the inches-deep dust that covered the road and whitened the hedgerows.**

**The head of the column was already on the way, spreading along the roads at approximately twenty vehicles to the mile. Half an hour later A Company moved off and headed southwards through Siena. By the following morning, when HQ started the journey with the 2 NZ Division Troops Group, the whole Division was strung across the width of Italy.**

**The convoys swung eastwards at San Quirico and followed a roundabout route towards Lake Trasimene, then wound eastwards over tortuous secondary roads to strike Route 71 at Castiglione del Lago. The lake was shimmering under the moon as the stream of vehicles travelled on through the night, around the northern shores and down Route 75 past Perugia and Assisi. Gazing up the hillsides at the walls of Assisi, many would have liked to explore the historic town; but there were no halts and, moreover, because of the need for secrecy, all towns en route were out of bounds.**

**Passing the town signs of appropriately named Spello, A Company, 6 Field Ambulance, came to the staging area, some two miles south of Foligno, at 7 p.m. The transport ahead was pulling into the fields. Unit cooks assembled burners, and colonies of bivouac tents were appearing**

among the trees as the company came to a halt and made camp. After tea the commanding officer nipped in the bud many private schemes concerning nearby **Foligno** by announcing that, for security reasons, all ranks were confined to the area. The convoy had covered 130 miles during the day, halting only for lunch, and the troops bedded down early. Shortly after nightfall the quietness of an empty countryside lay over the encampment.

The morning was warm and moist, with a dense mist clinging to the ground and trees. Voices floated across from the road, where the vague figures of peasants, women carrying loads on their heads and men with donkeys and carts, were walking into **Foligno**. An old tower, with a stunted tree clinging to its ruined battlements, stood high above a nearby grove of oaks. The mist thinned out to a mere haze over the distant hills and villages, and the troops began to stir as engines started and the roar of petrol cookers arose. The leading units moved out on the second stage of the journey. A Company pulled back onto the road at 9 a.m. and followed the convoys ahead north-westward along Route 77.

Thenceforward the going was much more difficult. The column encountered steep hills and dangerously zigzagging roads as it passed along the route through Tolentino and past Macerata, to swing northwards through a region of broken country and roads deep in dust to **Iesi**. A Company's drivers were fortunate in covering the whole distance in daylight, the company arriving in the 6 Brigade assembly area, about a mile and a half to the north-west of the town, in the afternoon.

Headquarters 6 Field Ambulance and other units covered the last 104 arduous miles in darkness. People were awake in the villages, thrusting their heads out of windows or standing in groups in doorways, watching the darkened trucks roaring through. Dawn found 6 Field Ambulance north of Macerata. The drivers had been on the alert all night, easing their vehicles around hairpin bends above deep valleys, and now they were faced with roads deep in dust that, whirled up by the earlier convoys, had settled thickly over a wide area on either side. In the deceptive, early-morning light, the road verges were difficult to see.

**To fresh men the conditions would have been extremely difficult; to tired drivers they were almost impossible. Consequently, it was not surprising that two vehicles drove off the road. The orderly-room truck came to a halt straddling the edge of a steep bank, but was towed back without much delay with the aid of a Sherman tank.**

**The unit passed through Iesi and followed Route 76 to the coast to join B Company, which had moved up from Civita Castellana to make preparations for a divisional rest camp near Case Bruciate, north of Ancona.**

**During the early days of September the Division remained near Iesi, awaiting its new role. Operating as ADS in the 6 Brigade area, A Company, 6 Field Ambulance, occupied a pleasant field, half grass-covered and half planted in well-grown tobacco, and bounded by fruit-laden grape vines. The weather was fine and extremely hot, and as the only work was the treatment of a trickle of sickness cases, parties of men were transported to the beach each day. The rest of the company sprawled in the bivvies or around the radio, scattered through the vineyards and houses, or strolled along the winding lanes and up the hill through the massive gateway of Iesi. It was an attractive town and the people were friendly enough, though some claimed that, having been liberated by the Italian Arditi, they owed the Allies nothing.**

**The 6 Field Ambulance rest camp was east on the coast and only a hundred yards or so from the sea. A double-line railway and the coast road, Route 16, ran between the camp and the beach. Every joint in the rails had been expertly blown apart by the Germans and the power-line pylons had been neatly toppled. The difference between the rest camp atmosphere and that of a normal MDS was most noticeable. There were no ambulance cars driving up to reception during the night, and no loaded stretchers being hoisted out by waiting stretcher-bearers. There were no soldiers wandering about with bandaged arms, faces and legs, or spotted with applications of gentian violet or brilliant green. Also, there was no smoking rubbish hole, evil-smelling with burning blood-soaked**

**dressings and fragments of clothing. Instead there was a gathering of casual, healthy-looking men, and the neat row of 180-pound tents in which they were housed, with bivouac tents hugging the boundary hedges or backed up against trees for shade.**

**Many times each day flights of fighters began their sorties by roaring low over the camp and beach; and occasionally a medium bomber jettisoned a stray bomb far out to sea, the splash and smoke vanishing before the report reached the shore. In the mornings the destroyers *Loyal* and *Urchin* steamed serenely past to throw the weight of their gunnery into the battle raging around **Rimini**. In the evenings the men, though themselves veterans of many thousands of miles of truck travel, sat along the banks at the roadside, smoking and lazily watching the stream of traffic passing up and down, or yarning with a party of South African engineers who were repairing the railway. With the assistance of the South Africans and their bulldozer, a football ground was levelled off nearby. It was smooth enough; but the freshly disturbed earth dried out in the sun and each game was played in a miniature dust-storm.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ATTACK ON GOTHIC LINE

### *Attack on Gothic Line*

At this time the Germans were defending the **Gothic Line**, a formidable defensive system in considerable depth, embracing the entire breadth of the belt of interlocking ranges of the **Apennines** across **Italy**. The eastern sector ran along the Foglia River and was anchored at the Adriatic town of **Pesaro**. While the main mountain ranges stopped short of the coast, high foothills running almost to the sea provided excellent defence positions. Once an attacking army won past **Rimini**, 20 miles up the coast from **Pesaro**, it was thought that the **Gothic Line** defence system would be turned. It was expected that once the **Eighth Army** entered the **Po Valley** it would be able to exploit rapidly across the plain. Optimism at the ability to force the pace was to be sadly disappointed. Rivers and extensive canalisation north of **Rimini** continually hampered progress. Instead of making the expected rapid advance, **Eighth Army** entered upon a long and discouraging period of nearly four months' fighting, crossing numerous river obstacles in winter weather in operations that can best be described as the 'battles of the rivers'. The operations did, however, tie down German forces that might otherwise have been used to help oppose the Allied advance in Western Europe.

**Eighth Army** began its attack towards the **Gothic Line** on the night of 25 August, and by the end of the month it was breaking into the defence system along the Foglia River. **Pesaro** fell to the Poles on 2 September. Canadian and British troops continued the advance on the narrow coastal strip and farther inland. On 10 September 2 NZ Division came under command of 1 **Canadian Corps** for an operation which it was hoped to make a mobile one of break-through and exploitation.

**Eighth Army** pushed on until it was held up at the **San Fortunato Ridge**, which dominated **Rimini** and commanded the eastern entrance to the **Po Valley**. After heavy fighting, the ridge fell to the Canadian Corps



on 20 September, and the next day Greek and supporting New Zealand troops entered **Rimini** and the Canadians crossed the Marecchia River to enter the **Po Valley**. At this stage 5 Brigade came up to pass through the Canadian bridgehead and continue the advance towards **Ravenna**, while 4 Armoured Brigade was also committed on the narrow coastal strip between Route 16 and the sea. As ADS to 5 Brigade, A Company, 5 Field Ambulance, set up in a small stable just south of **Rimini** on the 20th and admitted a large number of wounded on the 22nd, during which day its area was shelled and a jeep driver wounded.

On the 23rd 6 Brigade took up the attack, and A Company, 6 Field Ambulance, had reached a field just south of **Rimini** in the afternoon. A few shells landed among nearby olive trees at nightfall. Another screeched past into a hedge. Then one burst with a sizzle and a shattering explosion in a ploughed strip at the edge of the field, and the unpleasant humming of splinters started a rush to transfer bedrolls to the irrigation ditches. The shelling continued for about an hour, and inevitably, with the concentration of units in the vicinity, men were wounded. The ADS reception section set up and admitted and treated 25 casualties.

The night that followed was bitterly cold, and the blankets were drenched with dew when, at 5.30 a.m., one of the men went rushing along the ditches, prodding and shaking the men and imparting the dismal news that they had to be up and mounted and ready for an immediate move. Soon lethargic figures were groping around in the dim grey light of approaching dawn, packing gear and clambering on to the trucks, where they waited, with occasional descents to stamp up and down to warm their feet, until a welcome 'Come and get it' rang out from the cooks' truck. After breakfast there was more waiting around, the company finally moving off at midday.

Meanwhile, 6 Brigade was advancing. A Company, 6 Field Ambulance, passed through the outskirts of **Rimini** and set up the full ADS in the local cemetery, a mile or so north of the town. A typical

**Italian cemetery, it was completely walled in and crammed with graves, each bearing a porcelain photograph of the occupant. Some of the graves and the coffin receptacles that lined the walls had been blown open by direct hits, and the smell of old corpses hung in the air. However, it was sheltered and warm, and the men contentedly erected their bivouac tents among the tombstones.**

**Casualties were coming back from the battalions, and during the afternoon and evening of the 23rd the ADS admitted 55. Most of them were frankly startled on being hauled from an ambulance car into a moonlit cemetery.**

**At 7.45 p.m. on the 24th, 6 Brigade delivered a heavy attack that carried it on to the crossroads at **Bordonchio**, seven miles to the north. Men lined the tops of the cemetery walls to watch the guns, a long, flashing line in the darkness to the rear, as they poured out the barrage. The infantry advanced against formidable difficulties. The enemy laid down heavy shellfire along the whole front, and his troops occupied and fortified every house. Nearly 200 wounded were carried back to the ADS during the 24th and 25th.**

**During the 26th troops of 6 Brigade reached and crossed the **Uso** (Cæsar's **Rubicon**); the Germans had withdrawn from **Bellarìa**, a small seaside town beyond. Part of A Company moved forward up Route 16 to establish the ADS a mile south of **Bordonchio**. The bleak, muddy patch of ground was by no means a pleasant change from the grassy, sheltered, albeit somewhat odorous cemetery. The only house was badly damaged and polluted by cattle, which the Germans had taken into the lower rooms and slaughtered. Later in the day the carcasses were towed away by a jeep, and after being thoroughly cleaned some of the upper rooms made fairly good billets. Most of the men, however, erected bivouac tents in the open or burrowed into a couple of nearby haystacks.**

**The ADS was now in the vicinity of the RAPs, and casualties were frequently carried in direct from the field, without any preliminary treatment. Civilian casualties were often accompanied by tearful**

relatives, desperately pleading for information about their destination from busy orderlies, who had not the faintest idea what it would be.

A continuous stream of refugees passed along the road. Some were astonishingly cheerful; but the majority, naturally enough, looked wretched and hopeless. Young mothers carried babies and helped aged parents. Older mothers urged on their reluctant children. All were burdened by such belongings as they could carry. One family of albinos passed, completely fed up and squinting helplessly.

The 27th brought wind and rain, which continued throughout the following two days. The refugees, looking up uneasily as shells from the heavy and medium guns to the rear roared over into the German positions, still plodded southward through driving squalls that frequently blotted out the flat, desolate landscape.

Occasionally the road came under fire, the bursting shells sending up fountains of earth and mud, while the ground, soaked by the heavy rain, became a sea of ooze wherever transport moved off the hard road surface. Large areas were flooded completely.

During the evening and night of the 28th, a series of particularly strong gusts of wind flattened many of the bivouac tents and half-flooded the slit trenches beneath. The evacuation section struggled with the thrashing tarpaulin, and tried to anchor the ropes with slabs of masonry where the pegs persistently dragged out of the soggy ground. Fortunately, the situation was under control when a party of wounded Tommies was carried in. One, with a penetrating shrapnel wound in the head, heaved himself aimlessly about like a stranded fish until quietened by an injection of morphia.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 MDS AT RICCIONE

### *5 MDS at Riccione*

**At Riccione 5 MDS took over the local municipal buildings. Cleared of debris, these buildings were very commodious, and it was possible to prepare some excellent 18- and 30-bed wards. The operating theatre was large enough to accommodate two surgical teams working at the same time, and had two adjoining rooms which were used as preparation rooms. The staff of the unit were quartered on the top floor, and the hospital kitchen and patients' dining hall were established in the basement. The holding capacity was slightly more than 150 patients, but as the unit began to receive both battle casualties and sick from the Division, this capacity was soon tested to the utmost.**

**From 20 to 25 September the theatre was in use continuously, 144 operations being performed. The rush of work had eased when 4 MDS took over farther forward at Viserba, two miles north of Rimini, on the 26th. Then the MDS was reorganised to hold more sick, and as the sickness rate in the Division proved to be much higher than usual, the unit was kept busy. Cases held varied from 130 to 150 and large numbers, including many jaundice patients, were evacuated to 1 General Hospital, less than 40 miles away at Senigallia.**



*Convalescent Depot patients on the breakwater, San Spirito*

***Convalescent Depot patients on the breakwater, San Spirito***



*A wounded Indian soldier being treated at 5 Field Ambulance MDS, south of Florence*

***A wounded Indian soldier being treated at 5 Field Ambulance MDS, south of Florence***



*Colonel G. W. Gower (CO) and Matron Miss M. E. Jackson welcome the 40,000th patient to 3 NZ General Hospital, Bari*

***Colonel G. W. Gower (CO) and Matron Miss M. E. Jackson welcome the 40,000th patient to 3 NZ General Hospital, Bari***

*1 NZ General Hospital, Senigallia*



***1 NZ General Hospital, Senigallia***

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 GENERAL HOSPITAL AT SENIGALLIA

### *1 General Hospital at Senigallia*

At the end of August 1 General Hospital moved 310 miles up the Adriatic coast from **Molfetta** to **Senigallia**, north of **Ancona**. An advanced party had earlier begun the necessary reconstruction to suit the hospital's needs there. When this party arrived, the enemy was only two towns away up the coast, and towns are not far apart in **Italy**. The switching of the Division back to the Adriatic coast had created a need for the rapid move forward of 1 General Hospital, which had now become the advanced hospital.

The new hospital site at **Senigallia** was on the beach, in what had been a health resort for children and, latterly, a German military hospital. On the pale blue walls of one ward were bright paintings of Pinocchio, Donald Duck, and Mickey Mouse. They gave Fascist salutes and shouted *Avare il Duce* at appropriate intervals. The patients later came to like the rejuvenating atmosphere they created, even if they did not agree with the sentiments expressed. In any case, Mussolini had been well pushed off his pedestal by this time.

The central building lent itself to conversion to the needs of the administrative, laboratory, X-ray, and other departments. A walk beneath a vine-covered pergola brought one to a two-storied building used as a surgical block. It showed on all sides more window than wall. The smaller, detached buildings were to become a sisters' and nurses' mess. Tents had to provide all other accommodation. New Zealand engineers built access roads and other conveniences, while Italian labourers worked on inside alterations. Divisional medical units helped to erect tents.

**Lt-Gen Freyberg**, following an aeroplane accident, was admitted to the hospital on 3 September. While alterations were still being made to

the surgical block, he was the first patient operated on in the new hospital.

The hospital was soon busy coping with an inrush of patients. The bed state had reached the high figure of 839 by 26 September, the total admissions for the month being 1667. Of these, 632 were evacuated to 3 General Hospital by hospital ship from **Ancona** and 189 by hospital train to **2 General Hospital**.

The main highway passed the entrance to the hospital at **Senigallia**, and there was a continual noise from the endless chain of transport moving up to the front line and from planes droning overhead. During the last few weeks of summer and in the early autumn, it was enjoyable for the staff living in tents by the sea, but when the rains came and the sea breezes turned to boisterous gales and the ground underfoot became waterlogged, it was another story. Every effort was made to erect huts as early as possible, and soon Nissen huts were dotted over the hospital area.

Battle casualties and infective hepatitis cases kept the unit busy in October. The average bed state was 587, but with the Division out of the line for most of November there was a consequent easing of pressure on the surgeons. Large numbers of patients continued to be evacuated to 3 General Hospital at **Bari** and **2 General Hospital** at **Caserta**.

To the sisters of 1 General Hospital, who had long been in a base hospital, the task of setting up in a forward area, living under tented conditions, was new and interesting. Planning their tented homes and improvising ways and means for more convenient living had its humorous moments. One sister wanting a clothes-line found a long length of suitable wire attached to the fence, so cheerfully cut off a length sufficient for her requirements, quite unaware that telephonic communications would be abruptly interrupted.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WET WEATHER HAMPERS OPERATIONS

### *Wet Weather Hampers Operations*

In the heavy rain from 28 September onwards, the 4 MDS site in a factory at **Viserba**, with its hard roads and good drainage, proved very satisfactory, but the whole divisional area became bogged. Operations were held up, which meant in turn fewer casualties. During the morning of 4 October the MDS moved to a new building, formerly an Italian children's hospital and sanatorium, on the coast road at **Igiea Marina**, just south of **Bellarìa**. This building consisted of three large stories with a central block of small rooms, each wing forming large dormitories very suitable for holding patients.

The general disposition of units allowed the MDS to receive patients direct from the RAPs. On 5 October the unit was joined by a surgical team from 1 Mobile CCS with equipment for a 50-bed ward, an X-ray truck, and six nursing orderlies.

With the help of the engineers, windows were replaced with windolite, the water supply on the ground floor was put into working order, and a portable lighting set installed. In these comfortable surroundings a social function was held on 6 October to farewell those of the 4th Reinforcements who were leaving for Advanced Base on their return to New Zealand.

The MDS had three completely equipped operating theatres, but fortunately these arrangements proved over-adequate as there were not many casualties in the divisional sector. The total admissions for the first week at **Igiea Marina** were 238 sick and 84 battle casualties. The latter were mainly victims of sporadic shelling.

Persistent wet weather forced the crossing of the **Fiumicino** to be postponed. On 10 October it was decided to regroup the troops under

**Canadian Corps command. The 2 NZ Division sector was taken over by Canadian troops, and the Division moved to the adjacent western sector which had previously been held by Canadians. No great increase in distances of evacuation resulted, and the MDS remained at the same site receiving cases from 5 ADS, some three to four miles due west.**

**The weather began to improve on 11 October. An increase in the number of guns in the vicinity incited some retaliation by enemy artillery. During the afternoon several air bursts were observed over the building, and later accurate counter-battery fire on neighbouring gun sites caused a sudden influx of battle casualties. No MDS property was damaged.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CROSSING THE RIVERS

### *Crossing the Rivers*

The rain which made the crossing of the **Fiumicino** impossible had failed entirely to pin down the infantry or to silence the artillery. Night after night, over the soft sound of drizzle and the howl of the wind in the trees, the roll of gunfire echoed from the **Apennines** to the sea. On 11 October 5 Brigade found the **Fiumicino** almost undefended and moved across to take the town of **Gatteo**, badly battered by shelling and bombing. San Angelo, a heavily defended enemy strongpoint, caused a hold up and led to many casualties before it was cleared by Maoris on the night of 14-15 October, when searchlights were used to create 'artificial moonlight'. This eerie light was a feature of the campaign from then on.

For the attack on San Angelo A Company, 5 Field Ambulance, moved forward to set up in two farmhouses. Extra jeeps and fourwheel-drive ambulance cars were called up to ensure that there would be no delay in evacuation on the narrow, slippery roads. Then, on the 15th, the ADS crossed the Uso River to open again in another farmhouse on the down route from **San Mauro**, and there admitted 100 battle casualties in 30 hours before crossing the **Fiumicino** and setting up in an orphanage building in **Gatteo**. Here the company found an old manual printing press and supplies of paper and ink. Soon the men were busy in their spare time filling orders for Christmas cards from some of the neighbouring battalions.

The Pisciatello River was crossed by 6 Brigade on the night of 18-19 October. Tanks were got across the river, and this changed the aspect of the advance as the country for some thousands of yards provided better going. Discounting the risks involved because of the soft ground, it was decided to thrust with the tanks right through to the **Savio**, a broad river running almost north. Such a manœuvre, involving as it did a right

hook of well over five miles, would cut all the coastal roads leading from **Cesena** to the coast up to a point well above **Cervia**, and in conjunction with a Canadian attack up Route 9, would almost certainly bring about the fall of **Cesena** itself. The manoeuvre was successful.

By 21 October the Division was right up to the **Savio** and **Cesena** had fallen to the Canadians. The all-important Route 9 was cleared to a point only 46 miles from **Bologna**.

This concluded a month of hard but unspectacular fighting by 2 NZ Division—a slogging match in the mud against an enemy who could be forced back but not overwhelmed. But the optimism of a month previously had not been fulfilled, and a break-through in the **Po Valley** had not been achieved.

In the afternoon of 20 October, A Company, 6 Field Ambulance, moved forward across the **Pischiatello** to a church between Gattolino and **Osteriaccia**. A building forming an annex to the church was occupied by an RAP and a platoon of infantry. Consequently, the only space available for the ADS was in the church itself. The company cleared out the pews, while the priest, a sinister-looking man, grew increasingly unhappy and restive. When the men clambered up the walls to black out some high windows, and began spreading their bedrolls and gear around the altar, he was moved to active protest; but, although all realised that it was a regrettable situation, it availed him nothing.

A large, inaccessible shell hole in the dome of the church caused some concern when the first casualties arrived at night and the lamps had to be lit. Sure enough, complaints began to pour in from nearby units. The light was visible miles inside German territory and a hail of shells was expected at any moment. Fortunately, the infantry moved out and the ADS was transferred to the annex.

The Savio River drive necessitated the opening of 6 MDS at **San Mauro**, as the lateral road to the coast had become very congested. On 18 October 4 MDS vacated the building at **Ignea Marina** in favour of 1

**Mobile CCS, which held the site while the Division enjoyed an interlude at [Fabriano](#).**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MOVE TO FABRIANO

### *Move to Fabriano*

Arrangements had been completed for 2 NZ Division to be relieved by 5 Canadian Armoured Division and withdrawn to a rest area, extending over 25 miles between **Fabriano** and **Camerino**, two towns lying to the east of Macerata. During the evening of 22 October Canadians relieved 6 Brigade, which began the journey southwards. A Company, 6 Field Ambulance, left its church site at 5.15 p.m.

To the tune of a few unenthusiastic farewells from the annex windows, the trucks drove off into the fog that lay over the flat, dismal landscape. A short distance back the men looked up in pleased surprise as the convoy passed under a banner erected by the Canadians and bearing the message 'Thanks a lot, Kiwis'. The roads were muddy, and as night fell hedgerows, trees, and vehicles were fitfully illuminated by the fog-dimmed flashes of the guns firing on either side.

The route to **Fabriano** was to become familiar to New Zealanders—**Rimini**, **Pesaro**, **Fano**, **Senigallia**, and then inland at Falconara, through **Iesi** to the mountains, where the Esino River, the road, and the railway twined through the narrow gorge between tall, bare, rock walls. The river was crossed at the Howe Bridge, usually after a good deal of delay.

In the last days of autumn, the Division found itself dispersed among quite unscathed villages in the heart of the **Apennines**. No one had heard of **Matelica**, **Fabriano**, **Castel Raimondo** or **San Severino**. There had been no pitched battle there, for the main highways through which the fighting had flowed many months before gave them a wide berth. They were backwater sleepy hollows, unspoiled by the continued presence of sightseeing and souvenir-hunting troops. Yet these places will be remembered with undiluted affection by the men of the Division. Attachment for the quiet beauty and for the people drew many a New

**Zealander back on a passing visit as long as the Division was in Northern Italy.**

**Fabriano** was in a peaceful, fertile valley. Rounded hills bounded the wide valley and then steeper crests rose to the sky. The railway station and yard were heavily cratered and torn—they had been a supply depot for the retreating Germans. The streets and squares, all paved with cobbles, were clean and well maintained. The people seemed to belong to a prosperous community, although there were many refugees from other parts of **Italy** among them. The town was the trading centre for a large farming district.

**Fabriano** did not appear to have any large or enthusiastic Fascist party, and the usually inescapable Casa del Fascismo was missing among the mass of buildings. No building was aggressively new or glaringly modern. The town contained a number of pottery factories operating hand-wheels, quite a large printing works, a foundry, flour mills, many little one-man shops of tinkers, tailors, carpenters, mechanics, all pottering away with surprising competence.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## LIFE AT FABRIANO

### *Life at Fabriano*

In the Scuola Tecnica Agraria in **Fabriano**, 4 Field Ambulance opened an MDS for the Division's sickness cases. This was a commodious, red-brick building, overlooking the valley in which the town spread itself over mild slopes. On the other side of the valley rose a rocky ridge, soon to be covered with snow. As it was necessary to hold only up to 150 patients in this agricultural college, the school authorities were allowed to continue functioning in a wing of the building. The structure itself, so unlike most buildings in the path of the war in **Italy**, was virtually undamaged and was a hallmark in the unit's history as being the first it had occupied in **Italy** with its electric light and water services still intact. The town's electricity system had escaped major damage.

For the remainder of the month and until 27 November, the MDS looked after the sick, the more serious cases being evacuated to 1 General Hospital at **Senigallia**.

The widespread dispersal of the Division and the congestion of traffic on the narrow roads necessitated the opening of 6 MDS, under **Lt-Col W. Hawksworth**, <sup>1</sup> in the castle on Rocca Lanciano, near **Castel Raimondo**, in the 6 Brigade area, ten miles to the south. Previously it had taken as long as three hours for patients to reach 4 MDS from 5 ADS, farther south at **Camerino**, in 5 Brigade's area. The weather at this time continued to be bad, but all units were accommodated in houses, factories, or castles and were able to keep dry.

Much of the life of **Fabriano** appeared to centre round the main square, the Piazza del Podesta, bounded by public buildings and containing a chain-encircled fountain in a moss-covered basin. On warmer evenings the pillared terraces of the post office, public library,



and art gallery were lined with troops peacefully enjoying the spectacle of crowds of citizens taking their after-dinner stroll.

The NZ **YMCA** opened a cafeteria in the post office building. Because of the shortage of cups, the tea was served in adapted milk tins, wrapped around with several layers of gauze as a protection for the hands. Even so, the counter radiated darting figures as men snatched up the tins and leaped to deposit them on the nearest table or ledge before they dropped from their scorched hands.

Three cinemas were operating in the town, but all suffered the effects of a shortage of power. It was impossible to run the projectors at anything like the normal speed, and the resultant drawling speech was almost unintelligible. The most popular entertainment was presented by a party of local Italians in the town's main theatre. It is probable that many soldiers still remember the lyric soprano voice of 14-year-old Sylvana Tisi and the exuberant personality of her sister, Anna Maria. They were followed by the **Kiwi Concert Party**. Then came an excellent **ENSA** show. Unfortunately, the New Zealand allocation of admission tickets for the latter were mere typewritten slips of paper, and widespread forgery caused a crowd of genuine ticket-holders to be left outside when the doors closed. However, the problem was solved in the usual manner: the doors gave way and most gained admission.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## FIELD AMBULANCES REORGANISED

### *Field Ambulances Reorganised*

**The long-projected reorganisation of the three field ambulances was completed in November, the aim being to scale down medical units in a general reorganisation of the Division, which included the absorption of troops from the disbanded 3 NZ Division. By the end of the month all three field ambulances were operating under a new establishment, with an enlarged Headquarters available as MDS when required and one company permanently attached to its brigade as ADS. The second company in each field ambulance (B Company) was eliminated.**

**On the 14th 6 Field Ambulance held its last ceremonial parade and march past in three companies, the ADMS, Colonel R. D. King, taking the salute. Colonel King commended the unit for its smartness and the general excellence of the parade; but he was unaware that watching him from where they were sprawled among the trees were men who should have been taking part in the parade.**

**By a coincidence the reorganisation of 6 Field Ambulance and the fourth anniversary of its arrival in the [Middle East](#) fell on the same day, and in the evening a combined anniversary and farewell dinner was held in the castle hall. For days one of the officers, with the administrator of the Rocca Lanciano estate to do the haggling, had toured the countryside buying turkeys, and the cooks equalled any of their Christmas-dinner feasts of the past.**

**The impressive hall and long tables lined with bottles of beer, menus, and toast lists made a sight calculated to boost any man's feelings, even if he regretted the passing of his unit's B Company (as many naturally did). In the first comparatively silent period 250 pairs of capable jaws were steadily exercised, and then the hall buzzed with genial conversation through which floated the violin notes and the rich**

tenor voices of the Italian entertainers. The 6 Brigade Band was expected; but unfortunately it spent most of the evening on the wrong side of a washed-out bridge and, after completing the journey on foot, arrived to find a gabble and uproar that would have discouraged even massed bands.

Toasts were drunk to the King, the Medical Corps, and the unit, and then with no further reason for remaining at the tables, the crowd merged and formed into groups that shifted, dissolved, and reformed, while the hall boomed and echoed to laughter and song.

Before the return to the line, leave to **Rome** and **Florence** was allotted as liberally as possible, and 5 Field Ambulance operated a leave camp at **Civita Castellana**. Since the clearance of the enemy from **Florence** a New Zealand Forces Club had been established in a former hotel, and members of the units were soon to be heard recounting their experiences in that city and comparing it with **Rome**. Partly because of its mauling by the passing conflict, **Florence** suffered by comparison. In many of the churches priceless paintings and sculpture of the Renaissance era had been either bricked up, sandbagged, or removed, and the famous picture galleries were not open for inspection, so many of their exhibits having been deposited elsewhere for safer keeping. Nevertheless, **Florence** had many attractions and was notable for the number of people able to speak good English.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 19 – CHRISTMAS IN THE LINE

## CHAPTER 19

### CHRISTMAS IN THE LINE

IT was determined during November that the Fifth and Eighth Armies should exert continuous pressure in an effort to defeat the enemy before the spring, or at least to ensure that no German units would be able to leave the Italian front to assist in the defence of **Germany**. Accordingly, the rested and reorganised 2 NZ Division moved northwards during the period 22-29 November and relieved 4 **British Division** in the 5 Corps sector.

#### *Faenza and Senio River Line*

Although there had been some advance during November, the general situation at the front was very similar to that prevailing previously. **Forli**, ten miles above **Cesena** on Route 9, had been cleared, and **Eighth Army** had established itself nearly nine miles beyond it facing **Faenza** on the Lamone River. The Lamone was a perfect example of the type of stream across which the bitterest fighting of 1945 was to take place. It was only 60 to 70 feet wide, but on either side were massive terraced stopbanks of soft earth reaching a height of more than 20 feet. With steeply pitched slopes into which it was easy to tunnel, and about seven feet wide at the top, these stopbanks formed a splendid defensive line. **Bologna** was now only 30 miles away but seemed as unapproachable as ever.

At the beginning of December the Division faced up to the Lamone River astride Route 9 with 6 Infantry Brigade on the right and 5 Infantry Brigade on the left, each with its respective ADS open near the main road.

In **Forli**, 5 MDS was open for battle casualties in a former working men's club and 6 MDS for sickness cases in a maternity hospital. Both the MDS and ADS of 4 Field Ambulance were closed and in reserve. 1 Mobile CCS succeeded 5 Field Ambulance as the occupants of a large

school building in **Forli**, to treat battle casualties and evacuate direct to **1 NZ General Hospital** by NZ Section MAC as necessary.

On the night of 10-11 December 5 Brigade passed through 46 Division, which had established a bridgehead across the Lamone River to the south-west of **Faenza**, and was poised to attack towards **Faenza**. It was planned that 5 Brigade, with 6 Brigade protecting the right flank, should attack from the bridgehead simultaneously with **10 Indian Division**, advance to the **Senio River**, and isolate **Faenza**.

The country over which the action took place presented considerable difficulties in the evacuation of casualties. 5 ADS, under **Maj R. H. Dawson**,<sup>1</sup> was in a building on the west side of the Lamone River and south of **Faenza**. The route of evacuation was along six miles of one-way road, which was extremely rough and deep in mud, and suitable only for vehicles with four-wheel drive. A car post from 4 Field Ambulance, under Capt N. C. **Begg**,<sup>2</sup> was established in a house at the farthest point that could be reached by two-wheel-drive ambulance cars, and the ADS was strengthened by extra jeeps and **American Field Service** cars.

The building which the ADS had occupied was in direct view of the enemy in **Faenza** and came in for some shelling before 5 Brigade's attack was launched at 11 p.m. on 14 December. A 40ft by 40ft **Red Cross** sign was then hung on the north side of the building. Further shelling damaged some of the AFS cars.

When the casualties from the attack began to come in to the ADS at 1 a.m. on 15 December, it was necessary to give them more treatment than was usual at an ADS because of the inevitable delay in getting them back to 5 MDS and 1 Mobile CCS, both of which were in **Forli**.

When the evacuation route was open for down traffic the patients were sent on to the car post, where they were checked over, resuscitated where necessary, and transferred to two-wheel-drive ambulance cars and taken to **Forli** when the road was open. Activities at the car post, which handled 116 wounded on 16 December, are described by Capt Begg:

**‘The first convoy of wounded came in. They were carried in the Dodges of the [American Field Service](#) drivers, who had come over dreadful roads through torrential rain. They were mostly Indians from the sector in the hills on our left. They had had terrible casualties, and a fair, good-looking English major with both feet mangled by a Schu mine told me he was carried from the field by the last remaining four sepoy of his company. We all worked on these stoical Indians, who were so silent and yet so grateful for any attention. After they had gone we rested a little. As usual in the [Eighth Army](#), it was an international affair. The Indian doctor stood by the fire talking to “Butch”, who was an unmistakable Kiwi. A tall, smooth-faced Texan was helping to reset our table, and chatting to an English orderly. To complete the picture, a Pole, wounded slightly in his seat, was noisily gesticulating as he was carried in, and ineffectually telling people in Italian that he was a Pole and not a German....**

**‘Each American ambulance carried four stretcher cases and perhaps a couple of sitters. They were often with us, these Yanks, and were old friends of the desert. The first two cases we unloaded from the next convoy were both traumatic amputations of feet. An infantryman, while moving up, had stepped on a Schu mine and blown a foot off. Unhesitatingly, a Yank driver had gone to his assistance. He also lost a foot on a Schu mine. Stretcher-bearers had got them both out of the minefield and they had travelled down together. Both were shocked and wan. The Boss transfused them both, and as they looked at each other across the table, the Yank said, “Blood brothers, huh?” They went on together to [Forli](#)....**

**‘Now rows of Indians and New Zealanders on stretchers lay side by side in the hall, and the sitting wounded had spread into every room. They were methodically examined. Field cards were attached to the clothing of each man, with entries on them telling of wounds and treatments, morphine given and tourniquets applied. Bill and Butch were lighting cigarettes for some; giving hot cocoa, steaming from the cookhouse, to others.**



**'So we went on, hour after hour. The fortitude of the patients was enough to make our job worth while. As often as not they smiled and joked with one another, a little relieved that they were not worse off. A jubilant Yank driver pushed back the blackout blanket at the doorway and told us that the Maoris had cut the **Via Emilia** with a bayonet charge. His eyes were sparkling and he was throwing his arms about excitedly. A quiet Maori voice said, "We're pinned down by the heaviest mortar fire I've ever seen. Lot of wounded waiting for the Doc, and he's been hit, too. We're a long way from the road." "That'll be the day, when the Ninetieth hold the Maoris up, Hori," someone said, and the Maori smiled, his perfect white teeth showing up in the dim light.'**

**After heavy and confused night fighting, 5 Brigade took **Celle** and then swept north behind **Faenza** and cut the **Via Emilia**.**

**On 16 December 5 ADS moved into a building nearer to **Faenza** and there experienced two busy days. On the evening of the 16th the enemy was cleared from **Faenza** and the evacuation route was shortened. Notable work was performed at the ADS during this difficult period by jeep and ambulance car drivers and the medical orderlies, especially in collecting wounded from the RAPs.**

#### ***4 MDS Opens in Faenza***

**After the capture of **Faenza** by the Division on the evening of 16 December, the commanding officer of 4 Field Ambulance (Lt-Col **Owen-Johnston** <sup>3</sup>) and RSM ( **WO I G. C. Smith** <sup>4</sup>) scrambled over a rubble footbridge in the Lamone River, still under occasional bursts of spandau fire, at nine o'clock next morning to choose a site in the town for an MDS. The ADMS 2 NZ Division, **Col R. A. Elliott**, joined the party, and after inspecting many buildings, they finally selected a bank building near the main square.**

**Leaving **Forli** at midday on 17 December, 4 MDS opened that afternoon in **Faenza** at three o'clock. From the time of opening there was a steady stream of patients, and as for the first few days this MDS**

was the only one in **Faenza**, it handled not only New Zealand but also British, Indian, and Italian troops and some Italian civilians. Evacuation channels were to 1 Mobile CCS for New Zealand troops, while British cases went to 5 British CCS and Indian cases to 9 Indian CCS in **Forli**. Priority was given to ambulance cars on the road, so that patients arrived at the CCS usually within half an hour of leaving the MDS. A Bailey bridge was a big help in this sector.

The building used by the MDS was solidly constructed and offered fair protection from the heavy shelling of the town by the enemy, who during the night of 17-18 December had reached the outskirts of **Faenza** in a counter-attack. The reception and evacuation departments were both set up in one large room divided by a low partition, and both were within easy access of a large theatre, beside which was a combined resuscitation and pre-operative ward. During busy periods two tables were conveniently accommodated in the theatre. Separated from these departments by a small courtyard was the hospital cookhouse, near enough to serve meals still hot. The members of the unit were billeted either in the bank building or in nearby houses, which they managed to heat by one means or another.

On 19 December A Company joined HQ Company at the MDS ready for the forthcoming attack. That night at nine o'clock, **6 NZ Infantry Brigade** and 43 Gurkha Infantry Brigade launched an attack under a heavy barrage and threw the enemy back to the line of the **Senio River**. Much ground was taken after heavy fighting and over 200 prisoners captured.

Casualties poured in to 6 ADS, under **Maj G. F. Hall**,<sup>5</sup> thoroughly testing the newly organised company. The next 24 hours were a rush period for the MDS. Between midnight and 8 a.m. 102 battle casualties were admitted. These were all cleared by midday and took from thirty to forty-five minutes to reach the CCS. The total admissions for the day were 142 battle casualties and 26 sickness cases.

On succeeding days there was a steady flow of admissions, the

highest totals being reached on Christmas Eve, with 40 battle casualties and 30 sick. A shell hit one of the MDS buildings on 24 December, causing twelve casualties in the street but none to MDS personnel.

## *6 MDS at Forli*

Back in **Forli** all the rooms and corridors of the 6 MDS building were crammed with a continuously changing crowd of sick. More and more arrived each day to fill the stretchers vacated by those returned to their units or transferred to the CCS or 1 General Hospital.

Dismal and hazy in the rain and fog by day, occasionally bombed and shelled, and completely blacked out at night, **Forli** seemed a town devoid of hope. The MDS yard was flooded, a Psychological Warfare Branch truck broadcast stentorian bulletins that echoed hollowly across the Piazza Saffi, and the winged figures of the local war memorial were vague and unrecognisable on top of their lofty column. However, by the time a few repairs had been effected and a selection of stoves had been scrounged from the factory of one Signor Becchi, the maternity hospital building was snug enough. The HQ trucks were parked under the cloisters of the adjacent church of San Mercuriale, a bulldozer having been employed to scoop debris up over the steps of the church to make a negotiable ramp.

The first bombing raid, carried out by a single German fighter-bomber, occurred on the day after the unit's arrival. The bombs fell in the **Lamone**, near the Bailey bridge, which was probably the target. The aircraft then disappeared into the fog, apparently untouched by the anti-aircraft fire. At the evening meal hour on succeeding days a Spitfire patrolled the sky. Then, on the evening of the 10th, with no Spitfires in sight, three enemy fighter-bombers roared in low over the town. Inside the MDS there was sudden consternation as the building shook to jarring crashes, and shutters smashed in and plaster fell from ceilings. The bombs had fallen nearby, one demolishing a large section of buildings, burying an army truck, and killing many soldiers and civilians. Another struck the church of San Giagio, engulfing families who had moved into

the vaults at the previous raid. One woman, dug out alive and carried unconscious to the MDS, was holding in her arms a dead two-months'-old baby.

Most of the shelling was confined to the aerodrome end of the town, though a salvo of shells landed around the MDS one night, bringing down showers of glass and more plaster. A building across the square went up in flames and burned well into the morning, section after section of the roof crashing in, scattering burning fragments and sparks, while the steeple of San Mercuriale stood limned in red against the black sky.

### *CCS in Forli*

In the school building in **Forli**, too, the CCS, under **Lt-Col A. G. Clark**, was set up in more comfortable conditions than it had ever enjoyed before. In fact, with the wards neatly arranged and all the departments functioning in a routine manner, the unit had all the aspects of a base hospital rather than a forward one. By good fortune the central-heating system was intact, though some adjustments were necessary at first. The large boilers in the basement were kept stoked continuously and, besides keeping the whole interior of the building warm, provided an ample supply of hot water to the modern shower-room. Another great feature of the school was that it was connected to the town water supply.

The staff was well quartered, too. A villa across the road was reserved for the nursing sisters, under Charge Sister Gilfillan, <sup>6</sup> and another large one nearby accommodated the officers. All other personnel lived in a five-story block of modern flats farther along the road. Most of the former inhabitants of these flats had either evacuated or been forcibly ejected by the Germans, but a few families remained. In many ways, such as doing washing and mending, these Italian people helped many of the staff, and strong friendships developed as the weeks went by.

On 14 and 19 December the casualties from the Division's two main

attacks resulted in peak periods of work at the CCS. Because of the muddy country roads, the wounded from the first attack were many hours reaching **Forli**. Later, however, when **Faenza** was occupied, ambulances were able to come direct down the main highway. There were two surgical teams attached to the unit at this time, but as so many of the casualties were serious ones requiring urgent attention, a number of them were sent on to less busy British medical units. Evacuation from **Forli** presented no problems since the 75-mile journey to **1 NZ General Hospital** at **Senigallia** was over good roads.

### *Another Christmas*

At the CCS, as in other units, Christmas was spent in a merry manner. Again the cooks went to a great deal of trouble. The patients were not forgotten; all received Patriotic and **Red Cross** parcels, and there was plenty of beer for those who were well enough. The staff, too, had a Christmas beer ration, but if this was not of the desired quantity it was well supplemented by other more potent beverages. At **Forli** it was really a white Christmas, for three inches of snow fell on 23 December. It was not unexpected as the weather during the month had become more severe, and conditions in the open were most unpleasant.



*4 Field Ambulance trucks cross the Po*  
*4 Field Ambulance trucks cross the Po*



*Picnic for 3 NZ General Hospital staff and patients at Polignano  
(on Adriatic coast) as part of the VE Day celebrations*

***Picnic for 3 NZ General Hospital staff and patients at Polignano (on Adriatic coast) as part of  
the VE Day celebrations***



*A wedding at 3 NZ General Hospital, Bari  
(l. to r.) Lt T. I. McCluggage, Sister E. M. Baillie, Lt J. W. G. Wilson  
(bridegroom), Sister D. J. H. Hards (bride), Capt W. T. Simmers, and  
Sister A. M. Goldsmith*

***A wedding at 3 NZ General Hospital, Bari (l. to r.) Lt T. I. McCluggage,  
Sister E. M. Baillie, Lt J. W. G. Wilson (bridegroom), Sister D. J. H. Hards  
(bride), Capt W. T. Simmers, and Sister A. M. Goldsmith***



*Lieutenant-General Sir Bernard Freyberg (with Matron Miss I. MacKinnon) shaking hands with members of the nursing staff at 6 NZ General Hospital, Florence, during his farewell visit*

***Lieutenant-General Sir Bernard Freyberg (with Matron Miss I. MacKinnon) shaking hands with members of the nursing staff at 6 NZ General Hospital, Florence, during his farewell visit***

At **Senigallia** snow had also fallen, but by Christmas Day it had melted and there was only an aftermath of mud and slush. A choir of mixed voices was formed from the staff of 1 General Hospital and HQ 2 NZEF in **Senigallia**, to provide Christmas music at church services and in the gaily decorated wards of the hospital. On Boxing Night the **Kiwi Concert Party** was back again to provide entertainment, and the following day a double wedding took place in the unit chapel.

Scarcely a month passed but there were one or more weddings among the sisters and nurses of the unit. Many of the bridegrooms were New Zealanders, and sometimes came from within the unit, but a number were from other Allied forces. These occasions were pleasurable and exciting, especially for the female staff. Short notice was often the order of things. On one occasion at this time it was announced at 7 p.m. one day that a charge sister was to be married at 11 a.m. next day. Yet a turkey, a great variety of savouries, and a lovely wedding cake graced the wedding luncheon. The behind-the-scene story revealed that cooking and fudge-making (from Army biscuits) had gone on far into the night; that the contents of parcels from home had been pooled and the best cake donated for the wedding cake. A walk in the country had produced

red berries and great boughs of autumn-tinted foliage for decorations. The one thing lacking was the icing for the cake. This lack, however, was ingeniously overcome by adorning the cake with a thick coat of pale-pink chrysanthemum petals and girding it with fancy paper.

### *Another Year Begins*

The New Year was ushered in with the ringing of bells. Across the **Senio** the enemy, too, fired off flares and rang church bells, and then settled down to a solid strafing of our forward defences.

January brought few changes. The Division was operating in a purely defensive role while the enemy consolidated along the **Senio** River. The month was cold, with rain and several heavy falls of snow. As no attacks were made, casualties were light, coming from patrol clashes, harassing fire, and mines.

For the most part the front was quiet under the fog that lay heavily over the plains. At times, however, the enemy lashed out at occupied houses and other buildings with self-propelled guns from the area of **Felisio** to the north. Then the muzzle-flashes of the New Zealand artillery flickered through the fields and vineyards as the infantry called for concentrations on the enemy guns.

### *January in Forli*

In spite of the intense cold and the falls of snow, the central heating of the 6 MDS building ensured continuous warmth. Unfortunately the fuel supply grew short, and though two of the unit's 3-ton trucks made trips along the Canale Naviglio to collect wood from trees felled across the roads by the Germans, a diesel oil-drip system had to be installed; from then on the heat was enjoyed at the price of an atmosphere thick with flakes of soot and the unenjoyable task of cleaning out the flues every four hours.

Ample entertainment, provided by concert parties and cinemas, was



available for the troops in **Forli**. An ambitious soldiers' club, the **Dorchester**, occupying a complete wing of the imposing building of the **Regia Academica Aeronautica**, was open all day with its billiard room, writing rooms, and two restaurants, each with its own orchestras and singers and well staffed with waiters and waitresses, and, more important, each serving beer with meals.

Additional leave was made available by the opening of the **New Zealand Forces Club** in **Rome** to other ranks for six-day leave periods. Parties also visited **Rocca del Camminate**, Mussolini's summer residence high in the hills, overlooking **Predappio**, the village in which he was born. The villa, with its plaques and colonnades, had been fashioned into something of a shrine for good Fascists. It had once possessed a coveted visitors' book but, inevitably, this had been souvenired long before. **Predappio** was occupied by Poles, and any atmosphere of reverence had completely vanished. **Rocca del Camminate** was quite a modern building, and a plaque explained that it was a gift from the Italian people to **Mussolini**. There was plenty of evidence that Allied gunners had also bestowed their gifts. The main room was deep in photographs of **Mussolini's** prize fertile families, of throngs gathered to meet him at various cities, of detachments of Fascist movements, of early Fascist brigades, of brigades burning books, and, mostly, of **Mussolini** himself, reviewing, opening, orating, posing, writing, working, playing, in uniform and out of uniform, in yachting clothes, working clothes and overalls.

A great yellow fasces decorated one wing of the villa, and a lighthouse and tower crowned it all. The tower head was strewn with the heavy, broken glass of the lantern which had once announced the presence of the family by throwing a revolving red, white, and green light across the valleys and hills of **Romagna**. It was claimed to have been visible at a distance of 25 miles.

### *Evacuation of Patients to Hospital Ship*

On 19 January 1945 the hospital ship **Maunganui**, with **Lt-Col F. O.**

**Bennett** <sup>7</sup> in charge, and **Matron G. L. Thwaites**, <sup>8</sup> reached **Taranto** on her fourteenth voyage, and in the afternoon disembarked over 200 Yugoslav patients who had been brought from **Port Tewfik**. Then, in five hours, the medical staff prepared the wards for the reception next day of 318 New Zealand and five Australian patients from 3 General Hospital at **Bari** and the Convalescent Depot at **San Spirito**. This work involved the stripping of all beds, washing down walls and bed frames with disinfectant, remaking beds, and restocking all ward supplies.

Cpl **Kilroy** <sup>9</sup> has pictured for us the scene at 3 General Hospital next morning.

‘It is not yet dawn. No gleam of approaching day brightens the eastern sky, but from the hospital itself fingers of light stretch out into the mist of a winter’s morning. At this hour all should be quiet and still, but today white-clad figures are hurrying to and fro, and an air of scarcely suppressed excitement prevails. This is a day of days—for men are going home.

‘Already in a nearby port, a trim white ship, bearing the **Red Cross** emblem, is tied up at a wharf in readiness to receive its complement of patients.

‘For weeks there has been speculation among staff and patients as to the name of the ship, the probable date of departure, who will go and who will stay, and now the great day has come. Nurses and orderlies are busily preparing for the evacuation. Men must be washed, fed, dressed. Stretcher-bearers in organised teams are allotted their duties in the various wards. Already a long line of ambulances is on its way to the hospital; the moment of departure is very near.

‘Behind these last-minutes scenes of concentrated effort are many hours of toil on the part of the whole staff (and of the office of the Director of Medical Services, too). Apart from the care of the sick and wounded, much routine work has been necessary. Medical boards have considered each case, typists have prepared the numerous forms

required, clerks have worked long hours in checking documents and preparing rolls, the dental staff have given each man any dental attention needed, while the Quartermaster's department has completely re-equipped each soldier.

‘And now they are on the move. Last goodbyes are said, and though not many words are spoken, hand meets hand as men who have forged ties of friendship amid the heat of battle are now separated for a time. Already the medical officers, sisters, nurses, orderlies, and others who have ministered to the needs of the departing patients will have bidden them a quiet farewell.

‘The patients make a grim procession—some on stretchers, some on crutches, some minus a limb or an eye, others showing the ravages of diseases not known in their native country. Yet their bearing reveals no fear for the future. Rapidly the waiting ambulances are filled, the Padre is busy giving out cigarettes, sweets, and **Red Cross** comforts for the journey to the ship. Those who go and those who stay wave cheerily as the convoy moves slowly on its way. For the staff another evacuation to hospital ship is completed, and they turn back to their normal duties again.’

## *Nurses*

For some months two members of the NZ WAAC had been attached to 1 Mobile CCS for duty. This the nurses considered a compliment to their ability and usefulness as they had previously discounted their chances of being posted to that unit. One was a stenographer, who proved her worth battling with case histories and medical records during the busy periods, and the other was employed in the sisters' mess to make the life of the sisters easier and to relieve them during peak hours of work. The nurses moved with the CCS from **Presenzano** to **Frosinone**, **Siena**, **Viserba**, and **Forli**, arriving in the latter town when the enemy was not many miles up the road.

In Italy the status of the members of the **WAAC** was changed so that

within **2 NZEF** they had all the privileges of an officer as regards travelling, accommodation, and the use of clubs. The change was made purely to avoid embarrassment to the women, and they were gratified.

Feminine influence in hospital life became prominent at **3 General Hospital** when **Tripoli Lounge** was run by a sister and two nurses. Although the Polyclinic buildings at **Bari**, with their pale-blue cool interiors, were ideally suited for the bed-patients, there was little else than the monotony of the wards to fill the days of the up-patients. There was no handy beach as at **Senigallia**, or green countryside as at **Caserta**, only the grey dust and the dry heat of the compound, with no patch of green grass or even a shady tree. At the beginning of 1945 a ward was converted into a lounge and suitably furnished, provided with games equipment, and decorated with palms and flowers. Here morning and afternoon teas and suppers were served in glass cups and saucers to as many as 250 patients at a sitting.

Several nurses also worked in the hospital and welfare centres of the Convalescent Depot at **San Spirito**.

### *Convalescent Depot*

In Italy the locations of the Convalescent Depot, under Lt-Col Noakes, were **Casamassima**, near Advanced Base, **San Spirito**, on the coast near **Bari**, and then **Senigallia**, on the coast in Northern Italy near **1 General Hospital**. The **San Spirito** site was the best of them, and a detachment, under Majors G. B. Palmer and A. L. **Bryant**,<sup>10</sup> remained here till the end receiving patients from **3 General Hospital**.

The location at **San Spirito** was within a few hundred yards of the Adriatic, and the camp spread over nearly 30 acres of fairly level ground covered with olive and almond trees. It was orchard country typical of Southern Italy. The convalescents had the use of a dinghy and a 20-ton cutter.

The administrative section, including reception hospital, massage

and dental departments, was housed in a large building which was formerly an Italian's summer residence. Tents, each containing eight hospital beds, provided most of the accommodation, while mess rooms and recreation centres were in huts.

## *Farewells*

In January and February there were many farewells in the hospitals as further staff left for New Zealand. On the Tongariro roll were many officers, sisters, nurses and men, including the CO and Matron of 1 General Hospital, Col Fisher and Miss Worn, whose commands were taken over by Col Radcliffe and Miss Chisholm, a previous Matron returned from furlough. This was but the start of a succession of staff changes during 1945 as early reinforcements left in turn. In the field medical units, too, the departure of the remainder of the Tongariro draft in February meant the loss of senior NCOs and the men with the greatest experience. But there were many men with long service in their units, and they proved their capabilities on promotion. Reinforcements received later in the month brought the units up to strength again.

## *Arrival of Reinforcements*

Regularly every few months, except during 1942 when **Japan's** threat to the South Pacific caused troops to be held in New Zealand, a new group of **NZMC** personnel had arrived in Egypt. The sisters and nurses went direct to the hospitals, while the medical officers, NCOs, and men went to **Maadi Camp**. At Maadi they usually remained long enough to get acclimatised, with spells in the 'bull-ring' and on route marches. They were then sent across the **Mediterranean** to Advanced Base in **Italy**, and from there were posted to medical units. Despite a certain amount of scepticism by the older hands, they proved themselves capable and ready to learn. Some of the reinforcements from 1944 onwards had had service with **3 Division** medical units in the **Pacific**.

<sup>1</sup> **Maj R. H. Dawson**, m.i.d.; born NZ, 24 Sep 1915; House Surgeon, New Plymouth Hospital; Medical Officer 6 Fd Amb Jun 1941-Dec 1942; 3 Gen Hosp Mar-Oct 1944; 5 Fd Amb Nov 1944-Feb 1945.

<sup>2</sup> **Maj N. C. Begg**, m.i.d.; born Dunedin, 13 Apr 1916; Medical Practitioner, Dunedin; Medical Officer 2 Gen Hosp Jan-Oct 1943; OC 102 Mob VD Treatment Centre Oct 1943-Jul 1944; RMO 25 and 21 Bns 1944; 5 Fd Amb Mar-May 1945; Repatriation Hospital ( UK) Jun-Dec 1945.

<sup>3</sup> **Lt-Col A. W. Owen-Johnston**, ED; born Christchurch, 30 May 1892: Surgeon, Invercargill; 1 NZEF 1916-19, France and England—4 Fd Amb, 1 Fd Amb, 3 Gen Hosp; Surgeon 2 Gen Hosp Aug 1943-May 1944; 2 i/c 6 Fd Amb May-Dec 1944; CO 4 Fd Amb Dec 1944-Aug 1945; CO 1 Mob CCS Aug-Oct 1945; CO 2 Gen Hosp Nov 1945.

<sup>4</sup> **WO I G. C. Smith**, m.i.d.; born Christchurch, 11 Jun 1912; salesman, Invercargill; NCO 7 Fd Amb ( Fiji) Oct 1940; 5 Fd Amb Aug-Nov 1941; p.w. Nov 1941; repatriated Apr 1943, then joined 4 Fd Amb; RSM 4 Fd Amb Nov 1944-1945.

<sup>5</sup> **Maj G. F. Hall**, m.i.d.; born Dunedin. 19 Jan 1914; House Surgeon, Dunedin Hospital; Medical Officer Maadi Camp Feb-Apr 1942, Dec 1942-Jun 1943; 4 Fd Amb Jun-Dec 1943; RMO 5 Fd Regt Dec 1943-Dec 1944; 6 Fd Amb Dec 1944-Oct 1945.

<sup>6</sup> **Charge Sister Miss J. Gilfillan**, ARRC; born Hamilton, 12 Apr 1911; Nurse; Sister 1 Gen Hosp May 1940-Jun 1943, Jan-Mar 1944; 3 Gen Hosp Mar-Aug 1944; Charge Sister 1 Mob CCS Aug 1944-Sep 1945.

<sup>7</sup> **Lt-Col F. O. Bennett**, OBE; born Christchurch, 19 Feb 1899; Physician, Christchurch; 1 NZEF, Private NZMC 1918-19; Medical Officer 3 Fd Amb (NZ) Sep 1942-Jul 1943; 2 i/c 22 Fd Amb ( Pacific) Aug 1943-Jan 1944; CO 2 Conv Depot Jan-Jul 1944; SMO Papakura Camp Sep-Dec 1944; OC Troops HS

***Maunganui* Dec 1944-Nov 1945.**

**<sup>8</sup> Matron Miss G. L. Thwaites, RRC; born NZ, 23 Jun 1899; Sister New Plymouth Hospital; Matron Military Hospital ( **Suva**) Nov 1940-Aug 1941; Waiouru Camp Hosp 1942; Trentham Camp Hosp 1943; HS *Maunganui* Dec 1944-Mar 1946.**

**<sup>9</sup> S-Sgt P. Kilroy; born NZ, 4 Jul 1906; clerk, **Christchurch**.**

**<sup>10</sup> Maj A. L. Bryant, MC, m.i.d.; born NZ, 25 Apr 1917; House Surgeon, Southland Hospital; Medical Officer 5 Fd Regt Dec 1941-Jun 1943; 5 Fd Amb Jun 1943-Jul 1944; 1 Mob CCS Jul-Dec 1944; 1 Conv Depot Dec 1944-Aug 1945.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

**IT was determined during November that the Fifth and Eighth Armies should exert continuous pressure in an effort to defeat the enemy before the spring, or at least to ensure that no German units would be able to leave the Italian front to assist in the defence of Germany. Accordingly, the rested and reorganised 2 NZ Division moved northwards during the period 22-29 November and relieved 4 British Division in the 5 Corps sector.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## FAENZA AND SENIO RIVER LINE

### *Faenza and Senio River Line*

Although there had been some advance during November, the general situation at the front was very similar to that prevailing previously. **Forli**, ten miles above **Cesena** on Route 9, had been cleared, and **Eighth Army** had established itself nearly nine miles beyond it facing **Faenza** on the Lamone River. The Lamone was a perfect example of the type of stream across which the bitterest fighting of 1945 was to take place. It was only 60 to 70 feet wide, but on either side were massive terraced stopbanks of soft earth reaching a height of more than 20 feet. With steeply pitched slopes into which it was easy to tunnel, and about seven feet wide at the top, these stopbanks formed a splendid defensive line. **Bologna** was now only 30 miles away but seemed as unapproachable as ever.

At the beginning of December the Division faced up to the Lamone River astride Route 9 with 6 Infantry Brigade on the right and 5 Infantry Brigade on the left, each with its respective ADS open near the main road.

In **Forli**, 5 MDS was open for battle casualties in a former working men's club and 6 MDS for sickness cases in a maternity hospital. Both the MDS and ADS of 4 Field Ambulance were closed and in reserve. 1 Mobile CCS succeeded 5 Field Ambulance as the occupants of a large school building in **Forli**, to treat battle casualties and evacuate direct to 1 NZ General Hospital by NZ Section MAC as necessary.

On the night of 10-11 December 5 Brigade passed through 46 Division, which had established a bridgehead across the Lamone River to the south-west of **Faenza**, and was poised to attack towards **Faenza**. It was planned that 5 Brigade, with 6 Brigade protecting the right flank, should attack from the bridgehead simultaneously with 10 Indian

**Division, advance to the Senio River, and isolate Faenza.**

The country over which the action took place presented considerable difficulties in the evacuation of casualties. 5 ADS, under **Maj R. H. Dawson**,<sup>1</sup> was in a building on the west side of the Lamone River and south of **Faenza**. The route of evacuation was along six miles of one-way road, which was extremely rough and deep in mud, and suitable only for vehicles with four-wheel drive. A car post from 4 Field Ambulance, under **Capt N. C. Begg**,<sup>2</sup> was established in a house at the farthest point that could be reached by two-wheel-drive ambulance cars, and the ADS was strengthened by extra jeeps and **American Field Service** cars.

The building which the ADS had occupied was in direct view of the enemy in **Faenza** and came in for some shelling before 5 Brigade's attack was launched at 11 p.m. on 14 December. A 40ft by 40ft **Red Cross** sign was then hung on the north side of the building. Further shelling damaged some of the AFS cars.

When the casualties from the attack began to come in to the ADS at 1 a.m. on 15 December, it was necessary to give them more treatment than was usual at an ADS because of the inevitable delay in getting them back to 5 MDS and 1 Mobile CCS, both of which were in **Forli**.

When the evacuation route was open for down traffic the patients were sent on to the car post, where they were checked over, resuscitated where necessary, and transferred to two-wheel-drive ambulance cars and taken to **Forli** when the road was open. Activities at the car post, which handled 116 wounded on 16 December, are described by **Capt Begg**:

‘The first convoy of wounded came in. They were carried in the **Dodges** of the **American Field Service** drivers, who had come over dreadful roads through torrential rain. They were mostly Indians from the sector in the hills on our left. They had had terrible casualties, and a fair, good-looking English major with both feet mangled by a Schu mine told me he was carried from the field by the last remaining four sepoy of his company. We all worked on these stoical Indians, who were so

silent and yet so grateful for any attention. After they had gone we rested a little. As usual in the **Eighth Army**, it was an international affair. The Indian doctor stood by the fire talking to "Butch", who was an unmistakable Kiwi. A tall, smooth-faced Texan was helping to reset our table, and chatting to an English orderly. To complete the picture, a Pole, wounded slightly in his seat, was noisily gesticulating as he was carried in, and ineffectually telling people in Italian that he was a Pole and not a German....

'Each American ambulance carried four stretcher cases and perhaps a couple of sitters. They were often with us, these Yanks, and were old friends of the desert. The first two cases we unloaded from the next convoy were both traumatic amputations of feet. An infantryman, while moving up, had stepped on a Schu mine and blown a foot off. Unhesitatingly, a Yank driver had gone to his assistance. He also lost a foot on a Schu mine. Stretcher-bearers had got them both out of the minefield and they had travelled down together. Both were shocked and wan. The Boss transfused them both, and as they looked at each other across the table, the Yank said, "Blood brothers, huh?" They went on together to **Forli**....

'Now rows of Indians and New Zealanders on stretchers lay side by side in the hall, and the sitting wounded had spread into every room. They were methodically examined. Field cards were attached to the clothing of each man, with entries on them telling of wounds and treatments, morphine given and tourniquets applied. Bill and Butch were lighting cigarettes for some; giving hot cocoa, steaming from the cookhouse, to others.

'So we went on, hour after hour. The fortitude of the patients was enough to make our job worth while. As often as not they smiled and joked with one another, a little relieved that they were not worse off. A jubilant Yank driver pushed back the blackout blanket at the doorway and told us that the Maoris had cut the **Via Emilia** with a bayonet charge. His eyes were sparkling and he was throwing his arms about excitedly. A quiet Maori voice said, "We're pinned down by the heaviest

**mortar fire I've ever seen. Lot of wounded waiting for the Doc, and he's been hit, too. We're a long way from the road.” “That'll be the day, when the Ninetieth hold the Maoris up, Hori,” someone said, and the Maori smiled, his perfect white teeth showing up in the dim light.’**

**After heavy and confused night fighting, 5 Brigade took **Celle** and then swept north behind **Faenza** and cut the **Via Emilia**.**

**On 16 December 5 ADS moved into a building nearer to **Faenza** and there experienced two busy days. On the evening of the 16th the enemy was cleared from **Faenza** and the evacuation route was shortened. Notable work was performed at the ADS during this difficult period by jeep and ambulance car drivers and the medical orderlies, especially in collecting wounded from the RAPs.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 MDS OPENS IN FAENZA

### *4 MDS Opens in Faenza*

After the capture of **Faenza** by the Division on the evening of 16 December, the commanding officer of 4 Field Ambulance (Lt-Col **Owen-Johnston** <sup>3</sup>) and RSM ( **WO I G. C. Smith** <sup>4</sup>) scrambled over a rubble footbridge in the Lamone River, still under occasional bursts of spandau fire, at nine o'clock next morning to choose a site in the town for an MDS. The ADMS 2 NZ Division, **Col R. A. Elliott**, joined the party, and after inspecting many buildings, they finally selected a bank building near the main square.

Leaving **Forli** at midday on 17 December, 4 MDS opened that afternoon in **Faenza** at three o'clock. From the time of opening there was a steady stream of patients, and as for the first few days this MDS was the only one in **Faenza**, it handled not only New Zealand but also British, Indian, and Italian troops and some Italian civilians. Evacuation channels were to 1 Mobile CCS for New Zealand troops, while British cases went to 5 British CCS and Indian cases to 9 Indian CCS in **Forli**. Priority was given to ambulance cars on the road, so that patients arrived at the CCS usually within half an hour of leaving the MDS. A Bailey bridge was a big help in this sector.

The building used by the MDS was solidly constructed and offered fair protection from the heavy shelling of the town by the enemy, who during the night of 17-18 December had reached the outskirts of **Faenza** in a counter-attack. The reception and evacuation departments were both set up in one large room divided by a low partition, and both were within easy access of a large theatre, beside which was a combined resuscitation and pre-operative ward. During busy periods two tables were conveniently accommodated in the theatre. Separated from these departments by a small courtyard was the hospital cookhouse, near enough to serve meals still hot. The members of the unit were billeted

either in the bank building or in nearby houses, which they managed to heat by one means or another.

On 19 December A Company joined HQ Company at the MDS ready for the forthcoming attack. That night at nine o'clock, **6 NZ Infantry Brigade** and 43 Gurkha Infantry Brigade launched an attack under a heavy barrage and threw the enemy back to the line of the **Senio River**. Much ground was taken after heavy fighting and over 200 prisoners captured.

Casualties poured in to 6 ADS, under **Maj G. F. Hall**,<sup>5</sup> thoroughly testing the newly organised company. The next 24 hours were a rush period for the MDS. Between midnight and 8 a.m. 102 battle casualties were admitted. These were all cleared by midday and took from thirty to forty-five minutes to reach the CCS. The total admissions for the day were 142 battle casualties and 26 sickness cases.

On succeeding days there was a steady flow of admissions, the highest totals being reached on Christmas Eve, with 40 battle casualties and 30 sick. A shell hit one of the MDS buildings on 24 December, causing twelve casualties in the street but none to MDS personnel.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 MDS AT FORLI

### *6 MDS at Forli*

Back in **Forli** all the rooms and corridors of the 6 MDS building were crammed with a continuously changing crowd of sick. More and more arrived each day to fill the stretchers vacated by those returned to their units or transferred to the CCS or 1 General Hospital.

Dismal and hazy in the rain and fog by day, occasionally bombed and shelled, and completely blacked out at night, **Forli** seemed a town devoid of hope. The MDS yard was flooded, a Psychological Warfare Branch truck broadcast stentorian bulletins that echoed hollowly across the Piazza Saffi, and the winged figures of the local war memorial were vague and unrecognisable on top of their lofty column. However, by the time a few repairs had been effected and a selection of stoves had been scrounged from the factory of one Signor Becchi, the maternity hospital building was snug enough. The HQ trucks were parked under the cloisters of the adjacent church of San Mercuriale, a bulldozer having been employed to scoop debris up over the steps of the church to make a negotiable ramp.

The first bombing raid, carried out by a single German fighter-bomber, occurred on the day after the unit's arrival. The bombs fell in the **Lamone**, near the Bailey bridge, which was probably the target. The aircraft then disappeared into the fog, apparently untouched by the anti-aircraft fire. At the evening meal hour on succeeding days a Spitfire patrolled the sky. Then, on the evening of the 10th, with no Spitfires in sight, three enemy fighter-bombers roared in low over the town. Inside the MDS there was sudden consternation as the building shook to jarring crashes, and shutters smashed in and plaster fell from ceilings. The bombs had fallen nearby, one demolishing a large section of buildings, burying an army truck, and killing many soldiers and civilians. Another struck the church of San Giagio, engulfing families who had moved into

**the vaults at the previous raid. One woman, dug out alive and carried unconscious to the MDS, was holding in her arms a dead two-months'-old baby.**

**Most of the shelling was confined to the aerodrome end of the town, though a salvo of shells landed around the MDS one night, bringing down showers of glass and more plaster. A building across the square went up in flames and burned well into the morning, section after section of the roof crashing in, scattering burning fragments and sparks, while the steeple of San Mercuriale stood limned in red against the black sky.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CCS IN FORLI

### *CCS in Forli*

In the school building in **Forli**, too, the CCS, under **Lt-Col A. G. Clark**, was set up in more comfortable conditions than it had ever enjoyed before. In fact, with the wards neatly arranged and all the departments functioning in a routine manner, the unit had all the aspects of a base hospital rather than a forward one. By good fortune the central-heating system was intact, though some adjustments were necessary at first. The large boilers in the basement were kept stoked continuously and, besides keeping the whole interior of the building warm, provided an ample supply of hot water to the modern shower-room. Another great feature of the school was that it was connected to the town water supply.

The staff was well quartered, too. A villa across the road was reserved for the nursing sisters, under Charge Sister Gilfillan, <sup>6</sup> and another large one nearby accommodated the officers. All other personnel lived in a five-story block of modern flats farther along the road. Most of the former inhabitants of these flats had either evacuated or been forcibly ejected by the Germans, but a few families remained. In many ways, such as doing washing and mending, these Italian people helped many of the staff, and strong friendships developed as the weeks went by.

On 14 and 19 December the casualties from the Division's two main attacks resulted in peak periods of work at the CCS. Because of the muddy country roads, the wounded from the first attack were many hours reaching **Forli**. Later, however, when **Faenza** was occupied, ambulances were able to come direct down the main highway. There were two surgical teams attached to the unit at this time, but as so many of the casualties were serious ones requiring urgent attention, a number of them were sent on to less busy British medical units. Evacuation from **Forli** presented no problems since the 75-mile journey

**to 1 NZ General Hospital at Senigallia was over good roads.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ANOTHER CHRISTMAS

### *Another Christmas*

At the CCS, as in other units, Christmas was spent in a merry manner. Again the cooks went to a great deal of trouble. The patients were not forgotten; all received Patriotic and **Red Cross** parcels, and there was plenty of beer for those who were well enough. The staff, too, had a Christmas beer ration, but if this was not of the desired quantity it was well supplemented by other more potent beverages. At **Forli** it was really a white Christmas, for three inches of snow fell on 23 December. It was not unexpected as the weather during the month had become more severe, and conditions in the open were most unpleasant.



*4 Field Ambulance trucks cross the Po*

***4 Field Ambulance trucks cross the Po***



*Picnic for 3 NZ General Hospital staff and patients at Polignano  
(on Adriatic coast) as part of the VE Day celebrations*

***Picnic for 3 NZ General Hospital staff and patients at Polignano (on Adriatic coast) as part of  
the VE Day celebrations***



*A wedding at 3 NZ General Hospital, Bari  
(l. to r.) Lt T. I. McCluggage, Sister E. M. Baillie, Lt J. W. G. Wilson  
(bridegroom), Sister D. J. H. Hards (bride), Capt W. T. Simmers, and  
Sister A. M. Goldsmith*

***A wedding at 3 NZ General Hospital, Bari (l. to r.) Lt T. I. McCluggage,  
Sister E. M. Baillie, Lt J. W. G. Wilson (bridegroom), Sister D. J. H. Hards  
(bride), Capt W. T. Simmers, and Sister A. M. Goldsmith***



*Lieutenant-General Sir Bernard Freyberg (with Matron Miss I. MacKinnon) shaking hands with members of the nursing staff at 6 NZ General Hospital, Florence, during his farewell visit*

***Lieutenant-General Sir Bernard Freyberg (with Matron Miss I. MacKinnon) shaking hands with members of the nursing staff at 6 NZ General Hospital, Florence, during his farewell visit***

At **Senigallia** snow had also fallen, but by Christmas Day it had melted and there was only an aftermath of mud and slush. A choir of mixed voices was formed from the staff of 1 General Hospital and HQ 2 NZEF in **Senigallia**, to provide Christmas music at church services and in the gaily decorated wards of the hospital. On Boxing Night the **Kiwi Concert Party** was back again to provide entertainment, and the following day a double wedding took place in the unit chapel.

Scarcely a month passed but there were one or more weddings among the sisters and nurses of the unit. Many of the bridegrooms were New Zealanders, and sometimes came from within the unit, but a number were from other Allied forces. These occasions were pleasurable and exciting, especially for the female staff. Short notice was often the order of things. On one occasion at this time it was announced at 7 p.m. one day that a charge sister was to be married at 11 a.m. next day. Yet a turkey, a great variety of savouries, and a lovely wedding cake graced the wedding luncheon. The behind-the-scene story revealed that cooking and fudge-making (from Army biscuits) had gone on far into the night; that the contents of parcels from home had been pooled and the best cake donated for the wedding cake. A walk in the country had produced

**red berries and great boughs of autumn-tinted foliage for decorations. The one thing lacking was the icing for the cake. This lack, however, was ingeniously overcome by adorning the cake with a thick coat of pale-pink chrysanthemum petals and girding it with fancy paper.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ANOTHER YEAR BEGINS

### *Another Year Begins*

**The New Year was ushered in with the ringing of bells. Across the Senio the enemy, too, fired off flares and rang church bells, and then settled down to a solid strafing of our forward defences.**

**January brought few changes. The Division was operating in a purely defensive role while the enemy consolidated along the Senio River. The month was cold, with rain and several heavy falls of snow. As no attacks were made, casualties were light, coming from patrol clashes, harassing fire, and mines.**

**For the most part the front was quiet under the fog that lay heavily over the plains. At times, however, the enemy lashed out at occupied houses and other buildings with self-propelled guns from the area of Felisio to the north. Then the muzzle-flashes of the New Zealand artillery flickered through the fields and vineyards as the infantry called for concentrations on the enemy guns.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## JANUARY IN FORLI

### *January in Forli*

In spite of the intense cold and the falls of snow, the central heating of the 6 MDS building ensured continuous warmth. Unfortunately the fuel supply grew short, and though two of the unit's 3-ton trucks made trips along the Canale Naviglio to collect wood from trees felled across the roads by the Germans, a diesel oil-drip system had to be installed; from then on the heat was enjoyed at the price of an atmosphere thick with flakes of soot and the unenjoyable task of cleaning out the flues every four hours.

Ample entertainment, provided by concert parties and cinemas, was available for the troops in **Forli**. An ambitious soldiers' club, the **Dorchester**, occupying a complete wing of the imposing building of the **Regia Accademia Aeronautica**, was open all day with its billiard room, writing rooms, and two restaurants, each with its own orchestras and singers and well staffed with waiters and waitresses, and, more important, each serving beer with meals.

Additional leave was made available by the opening of the **New Zealand Forces Club** in **Rome** to other ranks for six-day leave periods. Parties also visited **Rocca del Camminate**, Mussolini's summer residence high in the hills, overlooking **Predappio**, the village in which he was born. The villa, with its plaques and colonnades, had been fashioned into something of a shrine for good Fascists. It had once possessed a coveted visitors' book but, inevitably, this had been souvenired long before. **Predappio** was occupied by **Poles**, and any atmosphere of reverence had completely vanished. **Rocca del Camminate** was quite a modern building, and a plaque explained that it was a gift from the Italian people to **Mussolini**. There was plenty of evidence that Allied gunners had also bestowed their gifts. The main room was deep in photographs of **Mussolini's** prize fertile families, of throngs gathered to meet him at



various cities, of detachments of Fascist movements, of early Fascist brigades, of brigades burning books, and, mostly, of Mussolini himself, reviewing, opening, orating, posing, writing, working, playing, in uniform and out of uniform, in yachting clothes, working clothes and overalls.

A great yellow fasces decorated one wing of the villa, and a lighthouse and tower crowned it all. The tower head was strewn with the heavy, broken glass of the lantern which had once announced the presence of the family by throwing a revolving red, white, and green light across the valleys and hills of **Romagna**. It was claimed to have been visible at a distance of 25 miles.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## EVACUATION OF PATIENTS TO HOSPITAL SHIP

### *Evacuation of Patients to Hospital Ship*

On 19 January 1945 the hospital ship *Maunganui*, with Lt-Col F. O. Bennett <sup>7</sup> in charge, and Matron G. L. Thwaites, <sup>8</sup> reached Taranto on her fourteenth voyage, and in the afternoon disembarked over 200 Yugoslav patients who had been brought from Port Tewfik. Then, in five hours, the medical staff prepared the wards for the reception next day of 318 New Zealand and five Australian patients from 3 General Hospital at Bari and the Convalescent Depot at San Spirito. This work involved the stripping of all beds, washing down walls and bed frames with disinfectant, remaking beds, and restocking all ward supplies.

Cpl Kilroy <sup>9</sup> has pictured for us the scene at 3 General Hospital next morning.

‘It is not yet dawn. No gleam of approaching day brightens the eastern sky, but from the hospital itself fingers of light stretch out into the mist of a winter’s morning. At this hour all should be quiet and still, but today white-clad figures are hurrying to and fro, and an air of scarcely suppressed excitement prevails. This is a day of days—for men are going home.

‘Already in a nearby port, a trim white ship, bearing the Red Cross emblem, is tied up at a wharf in readiness to receive its complement of patients.

‘For weeks there has been speculation among staff and patients as to the name of the ship, the probable date of departure, who will go and who will stay, and now the great day has come. Nurses and orderlies are busily preparing for the evacuation. Men must be washed, fed, dressed. Stretcher-bearers in organised teams are allotted their duties in the various wards. Already a long line of ambulances is on its way to the

**hospital; the moment of departure is very near.**

**‘Behind these last-minutes scenes of concentrated effort are many hours of toil on the part of the whole staff (and of the office of the Director of Medical Services, too). Apart from the care of the sick and wounded, much routine work has been necessary. Medical boards have considered each case, typists have prepared the numerous forms required, clerks have worked long hours in checking documents and preparing rolls, the dental staff have given each man any dental attention needed, while the Quartermaster's department has completely re-equipped each soldier.**

**‘And now they are on the move. Last goodbyes are said, and though not many words are spoken, hand meets hand as men who have forged ties of friendship amid the heat of battle are now separated for a time. Already the medical officers, sisters, nurses, orderlies, and others who have ministered to the needs of the departing patients will have bidden them a quiet farewell.**

**‘The patients make a grim procession—some on stretchers, some on crutches, some minus a limb or an eye, others showing the ravages of diseases not known in their native country. Yet their bearing reveals no fear for the future. Rapidly the waiting ambulances are filled, the Padre is busy giving out cigarettes, sweets, and **Red Cross** comforts for the journey to the ship. Those who go and those who stay wave cheerily as the convoy moves slowly on its way. For the staff another evacuation to hospital ship is completed, and they turn back to their normal duties again.’**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## NURSES

### *Nurses*

For some months two members of the NZ WAAC had been attached to 1 Mobile CCS for duty. This the nurses considered a compliment to their ability and usefulness as they had previously discounted their chances of being posted to that unit. One was a stenographer, who proved her worth battling with case histories and medical records during the busy periods, and the other was employed in the sisters' mess to make the life of the sisters easier and to relieve them during peak hours of work. The nurses moved with the CCS from **Presenzano** to **Frosinone**, **Siena**, **Viserba**, and **Forli**, arriving in the latter town when the enemy was not many miles up the road.

In Italy the status of the members of the **WAAC** was changed so that within **2 NZEF** they had all the privileges of an officer as regards travelling, accommodation, and the use of clubs. The change was made purely to avoid embarrassment to the women, and they were gratified.

Feminine influence in hospital life became prominent at 3 General Hospital when **Tripoli** Lounge was run by a sister and two nurses. Although the Polyclinic buildings at **Bari**, with their pale-blue cool interiors, were ideally suited for the bed-patients, there was little else than the monotony of the wards to fill the days of the up-patients. There was no handy beach as at **Senigallia**, or green countryside as at **Caserta**, only the grey dust and the dry heat of the compound, with no patch of green grass or even a shady tree. At the beginning of 1945 a ward was converted into a lounge and suitably furnished, provided with games equipment, and decorated with palms and flowers. Here morning and afternoon teas and suppers were served in glass cups and saucers to as many as 250 patients at a sitting.

Several nurses also worked in the hospital and welfare centres of the

**Convalescent Depot at San Spirito.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CONVALESCENT DEPOT

### *Convalescent Depot*

In Italy the locations of the Convalescent Depot, under Lt-Col Noakes, were **Casamassima**, near Advanced Base, **San Spirito**, on the coast near **Bari**, and then **Senigallia**, on the coast in Northern Italy near 1 General Hospital. The **San Spirito** site was the best of them, and a detachment, under Majors G. B. Palmer and A. L. **Bryant**,<sup>10</sup> remained here till the end receiving patients from 3 General Hospital.

The location at **San Spirito** was within a few hundred yards of the Adriatic, and the camp spread over nearly 30 acres of fairly level ground covered with olive and almond trees. It was orchard country typical of Southern Italy. The convalescents had the use of a dinghy and a 20-ton cutter.

The administrative section, including reception hospital, massage and dental departments, was housed in a large building which was formerly an Italian's summer residence. Tents, each containing eight hospital beds, provided most of the accommodation, while mess rooms and recreation centres were in huts.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## FAREWELLS

### *Farewells*

**In January and February there were many farewells in the hospitals as further staff left for New Zealand. On the Tongariro roll were many officers, sisters, nurses and men, including the CO and Matron of 1 General Hospital, Col Fisher and Miss Worn, whose commands were taken over by Col Radcliffe and Miss Chisholm, a previous Matron returned from furlough. This was but the start of a succession of staff changes during 1945 as early reinforcements left in turn. In the field medical units, too, the departure of the remainder of the Tongariro draft in February meant the loss of senior NCOs and the men with the greatest experience. But there were many men with long service in their units, and they proved their capabilities on promotion. Reinforcements received later in the month brought the units up to strength again.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ARRIVAL OF REINFORCEMENTS

### *Arrival of Reinforcements*

Regularly every few months, except during 1942 when **Japan's** threat to the South Pacific caused troops to be held in New Zealand, a new group of **NZMC** personnel had arrived in Egypt. The sisters and nurses went direct to the hospitals, while the medical officers, NCOs, and men went to **Maadi Camp**. At Maadi they usually remained long enough to get acclimatised, with spells in the 'bull-ring' and on route marches. They were then sent across the **Mediterranean** to Advanced Base in **Italy**, and from there were posted to medical units. Despite a certain amount of scepticism by the older hands, they proved themselves capable and ready to learn. Some of the reinforcements from 1944 onwards had had service with **3 Division** medical units in the **Pacific**.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 20 – SURGE TO VICTORY

## CHAPTER 20

### SURGE TO VICTORY

AT the beginning of March 2 NZ Division was still in a holding role on the line facing the **Senio** River, north-west of **Faenza**. However, by the end of the first week, 2 Kresowa Division of the **Polish Corps** had taken over the sector, and the New Zealanders had moved to a rest and training area in the **Fabriano, San Severino, Camerino** region, except for 4 Armoured Brigade which went to **Cesenatico**, on the Adriatic coast north of **Rimini**, to save moving the tanks so far to the rear. With 4 Armoured Brigade was 4 MDS, while the CCS stayed at **Forli**.

**Fabriano** had changed little since the Division's earlier sojourn there. The bomb wreckage had been stacked up a little more neatly and a length of drainage dug up for repair. The broken bridge was still broken, and the pile of tins at its foot had grown bigger. Small gangs of civilians were pecking patiently and all but ineffectually at the heaps of rubble. Where the **YMCA** had been there stood a well-run **Naafi**, and English names had been bestowed on all the theatres.

#### *6 MDS on Manoeuvres*

The easy leisure first enjoyed by the medical units came to an abrupt halt on 12 March, when they swung into a schedule of strenuous training. The mornings slipped past in a routine of parades, squad drill, and saluting practice, with an occasional route march to break the monotony. The afternoons were devoted to lectures and training in the pitching of tents and tarpaulin shelters, all very necessary in view of the number of reinforcements now in the units.

New tarpaulins arrived for some of the centres and new side and top ropes had to be fitted. Finally the last hank of thread was snipped, and all the tentage was erected for the commanding officer's inspection. Then HQ 6 Field Ambulance packed and loaded and moved out for practice in setting up a battle MDS.

It was a pleasant afternoon. The recently formed 9 Brigade was out on manœuvres, and files of infantry passed the MDS. The reports of 25-pounders reverberated through the hills above, and the distant rattle of rifle fire recalled dim impressions of **Trentham**, of lectures in the sun-warmed grandstands, and the hypnotic effect of the sporadic rattling from the rifle range up the valley. In a nearby field two farmers followed their ploughs and slow teams of oxen, their families strung out behind them planting potatoes. There was a disturbance when two girls and a man came running down from a hillside farm uttering distressing cries. Someone had been wounded while tampering with a grenade. A medical officer went up with an ambulance car, and the casualty was sent off to the civilian hospital at **Fabriano**.

**Italy** was passing from winter into spring. After a period of warm, sunny days, fruit trees were unexpectedly in bloom by mid-March; and, with the improved conditions, such straws in the wind as the visit of a British field transfusion unit to draw supplies of blood from New Zealand units turned the men's thoughts once again to the resumption of active operations.

On 26 March the commanding officer received preliminary orders regarding the expected move. Dates were given at a conference of medical officers on the 28th. The Division was moving forward to take over a sector on the **Senio** River from 78 British Infantry Division, preparatory to taking part in what was expected to be the decisive battle.

Allied and German troops watched each other across the lines of the Italian front, which had now ceded its place in world interest to the battles in Northern Europe. In the long winter months 25 divisions of Germans and five of Fascist Italians had been tied down. Preparations for a spring offensive had been proceeding, and this was timed to start when the flooding rivers had subsided and the wet ground would bear the weight of armour.

On the east of the front in the **Po Valley** the enemy was entrenched

behind the **Senio**, with prepared lines on the **Santerno**, Sillaro, Gaiana, **Quaderna**, and **Idice** rivers, all comparatively wide and steeply banked. In General Mark Clark's plans for 15 Army Group the main effort was to be launched by Fifth Army in the **Bologna** area, after a thrust north-west across the **Senio** River on the **Eighth Army** front to draw off enemy reserves.

At the beginning of April 2 NZ Division moved from its rest area towards the **Senio** River, where on 2 April, under command of 5 Corps, it took over a sector of the line north of **Faenza**, with **8 Indian Division** on its right and **3 Carpathian Division** and **5 Kresowa Division** of **2 Polish Corps** on its left. The first eight days of the month were used to clear the enemy from the near, or eastern, stopbank and in active patrolling. These operations produced 120 battle casualties. The assault on the **Senio** was fixed for 9 April.

### *Senio Attack Launched*

At ten minutes to two on the afternoon of 9 April a terrific bombardment was begun by Allied air forces and artillery on the **Eighth Army** front. Hundreds of heavy bombers, Fortresses and Liberators, followed by mediums and fighter-bombers, swung down with small bombs designed to kill men, shatter vehicles, and cut communications without blowing the impassable craters that had upset calculations at **Cassino**. Here the air power was greater than that which blitzed **Cassino** just over a year before. Then came the guns—more than were at **Alamein**. Twelve regiments laid the barrage while, in the safety of houses and ditches to which they had been withdrawn, the New Zealand infantry waited for H-hour. In brief breaks in the gunfire, Spitfires slashed in again and again, catching the bewildered defenders as they bobbed up to engage non-appearing assault troops. Enemy positions were battered for over five hours, and then at 7.20 p.m. the assault forces attacked across the **Senio**, moving in through the drifting smoke of battle preceded by the vicious jets of flame-throwing tanks and carriers. By nightfall the Division had four battalions across the river, and the engineers toiled

ceaselessly to erect Bailey bridging in the darkness. In a night of solid gains the bridgeheads of the New Zealanders, Indians, and Poles linked up. The following morning, again preceded by a heavy air assault and closely supported by tanks, the infantry pushed forward to the line of the **Lugo Canal**, which they had reached in strength by midday. New Zealand troops attacked again in the afternoon, and although their advance to the **Santerno River** was fiercely contested, reached their objective that evening. There were 120 casualties in the first 24 hours.

Under **Maj G. F. Hall**, 6 ADS had moved up on the night of 9-10 April to near **Granarola** on the Canale Naviglio, where it admitted 49 casualties in the course of the night. Keeping pace with the infantry, who were pushing on to the **Santerno River** against scattered but stubborn resistance, the company moved forward again on the following day and opened the ADS just north of the village of **Barbiano**. A further 86 casualties were treated and evacuated, and the company found itself faced with increasing difficulty in transferring them back to HQ at **Villafranca**. With the steady advance of the infantry, necessitating the continuous movement of the ADS, the route of evacuation grew longer and longer, and in many places lay over poor roads that often permitted oneway traffic only. The experiences of 4 ADS, under **Maj N. H. Wilson**,<sup>1</sup> and 5 ADS, under **Maj N. C. Begg**, were similar.

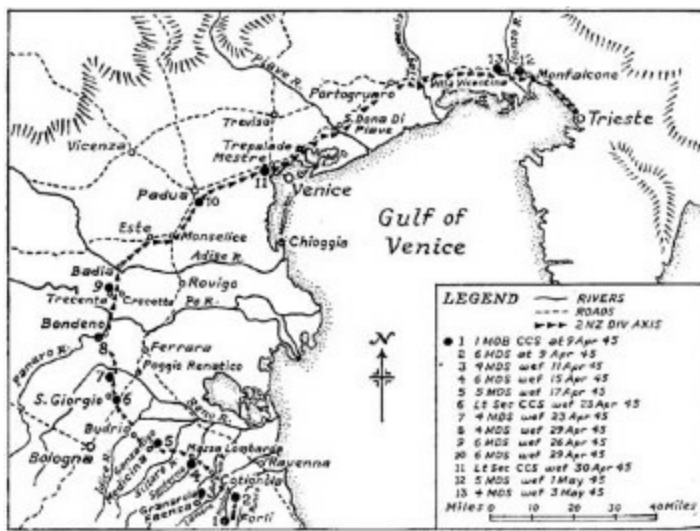
The wounded soon began to pour in to the 6 MDS at **Villafranca di Forli**, 50 arriving before midnight and 157 on the 10th, the busiest day. The majority of operations being on light cases, the casualties passed through the two theatres in a steady flow. By the 11th the battle had receded, and the 4 Field Ambulance team went forward to rejoin its unit at **Granarola**, 1000 yards from the stop-bank of the **Senio**, as 4 Field Ambulance had assumed the role of battle MDS.

The battle for the **Santerno** crossings was at high pitch throughout the afternoon and evening of 11 April. The caked ground shook from the recoil and impact of artillery and mortar fire; the rattle of spandau and machine gun scarcely ceased; infantrymen toiled on while Spitfires and Mustangs weaved in strafing sorties over the enemy's positions. Heavy

**fighting against infantry and tanks continued through a starlit night. Counter-attacks pressed home by Tiger tanks were repulsed, and by the morning of 12 April the 2 New Zealand, 8 Indian, and 3 Carpathian Divisions all had battalions across the river.**

**Steady progress was made towards the [Sillaro River](#), and as 9 Infantry Brigade and 6 Infantry Brigade advanced, the ADSs and then 4 MDS were kept busy with the casualties, the MDS admitting about a hundred patients a day before it closed on the afternoon of 15 April. Its functions were taken over by 6 MDS, which opened at [Santa Agate](#), two miles to the rear of [Massa Lombarda](#).**

**About 250 yards from the road, in fields of lucerne and barley, 6 MDS was set up again under canvas. There was the usual scene of destruction and desolation. Ammunition cases and debris were scattered around, and farm buildings in the vicinity were either smashed or burned to blackened shells. A battery of medium guns was firing from among nearby trees. The battle was still a long way ahead, but casualties, many of them prisoners of war and civilians, streamed back from the ADSs as the New Zealand bridgehead across the [Sillaro River](#) was extended. They began to pile up, but once again the team from 4 Field Ambulance was on the scene to take some of the strain from the unit operating teams. On the 17th 6 MDS closed for battle casualties and opened for sick only, 5 Field Ambulance having moved forward to receive casualties at [Ganzanigo](#), in a building used by a German medical unit up to the previous night.**



*Forlì to Trieste*  
*Forlì to Trieste*

## *Across the Sillaro*

It was necessary for the advanced dressing stations to move daily to keep up with the advance, and 4 ADS crossed the Sillaro late on 16 April, after a busy night and day, and staged the night at **Sesto Imolese**, before moving next day near to **Medicina**.

The Poles on the left and the Indians on the right were not far in rear of the New Zealanders, who on 17 April made a sweeping advance along the **Medicina- Budrio** railway and reached the Gsiana River, where they found the enemy to be in strength on the far bank. On the night of 18-19 April 2 NZ Division (9 Infantry Brigade and 43 Gurkha Brigade) stormed the Gaiana in the face of vicious fire from dug-in positions on the floodbanks, and swept on across the **Quaderna** against heavy resistance from German paratroops, many of whom died at their posts rather than surrender or retreat. Our casualties for the operation totalled 65.

## *Across the Idice*

By 20 April forward troops of the Division (5 and 6 Brigades) had cleared **Budrio** and reached the banks of the Idice River. That night infantry smashed spandau nests and struggled over mines and wire on



both floodbanks to force a crossing. Engineers had three bridges open by morning, and 5 and 6 ADSs moved across the river in the afternoon.

The opposition was now staggering before repeated hammer blows. Polish troops had entered **Bologna** just as Fifth Army troops came in from the south. The Division moved across Route 64, the main **Bologna-Ferrara** highway, and swung north through **San Giorgio**, making contact with Fifth Army troops, overrunning enemy rearguards and plunging ahead. It crossed the River Reno and reached the Po just south of **Bondeno** by 23 April. On this date 4 MDS moved up to **San Venanzio**, just south of the Reno River.

As it followed the path of the Division on its move to **San Venanzio**, 4 Field Ambulance saw something of the battlefields. The approach to the **Senio** was thickly studded with camouflaged dugouts and stiff with wire. The real damage began on the opposite stopbank. It was blackened and scorched and pitted, and the small villages near the bridge had been pounded to so many rubble heaps. The road curved through the rubble mounds, very rutted, dusty, and bumpy. Groups of civilians were already poking hopelessly among the ruins. Beyond this there was an area thoroughly patterned with shell holes and trees slashed and torn by splinters. Here began, too, the carefully marked sets of enemy slit trenches that lined the road on both sides almost to the Po. They were indicated by tufts of straw on a long stick, so that any driver pressed for time during road strafing could tumble in without any frantic searching. Houses on both sides of the **Santerno** had been demolished into rounded heaps of rubble, and the makeshift road provided a bouncing way through them. On the formed road again the traffic clotted into a solid mass. The roads were good and tar-sealed, but the edges were crumbling and trucks had to weave from one side to another to pick a smooth passage. The country was still fairly flat and still plentifully besprinkled with trees. Everything within windborne range of the roads became whitened by drifted dust. Dead animals coated with dust lay beside smashed, horse-drawn equipment.

The route then lay through grain-growing country. The dusty, deep-

ruttled roads made one think of the hold-up there would have been had it rained heavily.

At the **Idice** there were the same conditions as at previous river crossings. The approaches to the Bailey bridge were very rough and dusty. On the roads were groups of cycling partisans, equipped with weapons and flags, decorated with whiskers and full of song. Sometimes lorry loads of them passed by.

In the villages crowds thronged the pavements to wave to the trucks. The people had not yet pulled down the German notices though all were overjoyed that the Germans had gone. Partisan headquarters were seething with enthusiasm.

By now the Division had advanced so far that the line of evacuation to the CCS at **Forli** had become particularly long. On 22 April instructions were given that the Light Section was to move fifty miles ahead next morning. Excitement ran high round the unit for a few hours as the necessary equipment was hastily packed and loaded on the trucks. After this the men to travel with the section had to pack their own gear, discarding some of the extras they had accumulated after five months in one place.

Breakfast was at five o'clock next morning, and an hour later the section, under command of Maj **Alexander**,<sup>2</sup> moved off. The journey up through **Faenza** was full of interest, particularly around the **Senio**. There was little traffic on the road, and the convoy made good progress through Castel Bolognese, **Imola**, Castel **San Pietro**, and on to the university town of **Bologna**. This city had fallen to the Fifth Army only two days previously, and the bewildered people cheered wildly as the vehicles passed through—not for many months had they seen so much petrol-driven traffic. Near a small country village named **San Marino**, the section set up in the beautifully planned grounds of a chateau, and within a few hours the first patients were received.

During the next few days the rest of the unit, with the exception of

a small rear party, also moved to the new location and set up in tents. Only a few casualties were received here. These were sent back to the school in **Forli** where a 100-bed detachment from 2 NZ General Hospital, under Lt-Col Caughey, had taken over as a temporary staging unit. For the first time in its history **2 General Hospital** was operating an independent detachment. The hospital at **Caserta** was now commanded by Col. I. S. **Wilson**.<sup>3</sup>

### *Across the Po*

During 24 April forward infantry of 2 NZ Division crossed the formidable barrier of the River Po in assault boats. Opposition on the far bank was slight and a start was made to bridge the river, a distance of some 500 feet. The bridge, the **Eighth Army's** first over the Po, was completed on 25 April (Anzac Day), and that evening 6 ADS crossed this notable river, being the first medical unit to do so. The main body of the Division crossed on 26 April. Because of the difficulty of getting vehicles back across the river against the ceaseless stream of essential fighting transport, it was decided that 6 MDS would cross the Po and establish itself in **Trecenta**.

Sixth MDS was at Mirabello when, at 1 p.m. on the 26th, there came instructions to despatch a skeleton section across the Po and establish the MDS for battle casualties at **Trecenta**. The theatre and resuscitation section double-banked their loads on one truck to reduce the size of the convoy, and together with reception, evacuation, dispensary, orderly room, water cart and cookhouse, moved out behind the commanding officer's jeep a few minutes before two o'clock. In spite of the traffic they made good time, passing along a good road through areas where white flags still hung from houses. Across the **Panaro** the roadsides were stacked with German dumps; and there were many grim examples of the accuracy of the Desert Air Force. Ammunition and gun and mortar positions had been blasted out of existence by direct hits. At one dump Italian women were hard at work opening the charges and taking the silk containers from around the cordite, which was spilled in an untidy

heap like so much spaghetti. A dropped match would have created a tremendous amount of work for any medical unit that happened to be in the vicinity.

Ever-increasing quantities of smashed and burned enemy equipment was strewn around. Across the **Panaro** the speed improved for a while, then the sections turned off along an elevated side road from which they suddenly emerged on the stopbank of the Po, and headed toward the overworked pontoon bridge on which streams of transport were converging. Bofors guns lined the riverbanks, and in a plantation on the other side a battery of 25-pounders was blazing away steadily. The area outside the stopbanks had been blasted and torn. Trees had been ripped down to the stoutest of branches, and the houses among them were now rounded heaps. The ground itself was scorched and bare, while the space inside the stopbanks was churned and torn by overlapping bomb craters, with heaps of equipment and coils of wire and cables half buried under the erupted earth and piles of railway sleepers and bridging panels.

The broken end of a German pontoon bridge, still covered with camouflage netting, dragged in the water. Amphibious lorries and the pontoon ferry carrying tanks crossed and recrossed the river as the convoy made its way down the path carved in the stopbank. Detachments of 9 Brigade were marching up to the bridge, and squads of men galloped across the track between lorries. Crossing the bridge was like driving on an unending upward incline as the heavy load over the rear wheels of the lorry forced down the pontoons.

Over the river the countryside was heavily wooded, and between towns the convoy ran along dusty roads through luxuriant plantations. Groups of people gathered at every street corner and in every square to stare and wave at the stream of vehicles. After three hours of varied going the HQ detachment reached **Trecenta**, where a section of the ADS, packed up and ready to move, was awaiting its arrival. Patients were already waiting for treatment, and the MDS was opened immediately.

It was fortunate that the MDS building, the home of one of the

wealthier citizens, was one of the most suitable that the unit had yet occupied, as the sections were soon flooded with patients and working day and night. All types of sick were handled and all needed surgery was performed. In addition, evacuation across the crowded pontoon bridge was still almost impossible. Several ambulance cars were taken across in returning tank ferries; but frequently the MDS was compelled to hold patients long after everything possible had been done for them. Fortunately, on the 27th, 3 FSU, under Maj **Cawkwell** <sup>4</sup> and 2 FTU, under Maj **Howden**, <sup>5</sup> reached **Trecenta** and took some of the pressure from the unit teams. The situation was eased on the 28th, when 4 MDS set up as a staging post just south of the Po.

### *Across the Adige*

The difficult obstacle formed by the fast-flowing **Adige River**, between 100 and 200 yards wide, was forced on the night of 26-27 April, and one of the last water barriers before the Alps was crossed. Next day New Zealand engineers were the first to bridge this second great water hazard. On 27 April 9 Infantry Brigade and 43 Gurkha Lorried Infantry Brigade passed though 5 and 6 Infantry Brigades, who went temporarily into reserve. In the late afternoon 9 Brigade, accompanied by 4 ADS, moved across the **Adige**, north of **Badia**. The Division advanced rapidly against slight opposition with few casualties, and on 28 April 4 ADS moved forward through San Margherita, continuing through **Este** and **Monselice** to **Padua**, where it opened at night in a large house. Casualties received on the road were treated by the reception section by the roadside and evacuated back to 6 MDS at **Trecenta**.

### *To Venice*

The night of 28-29 April was memorable—the Division burst through the **Venetian Line** unopposed and, after an all-night move, was firmly established in **Padua** on the morning of the 29th. That day the Division entered **Mestre**, on the mainland opposite **Venice**, and a few hours later a special detachment swept along the broad causeway over the deep blue

waters of the Venetian lagoon to the city, which it found in the hands of the partisans. The detachment was soon joined by 56 Division and by Popski's Private Army, which had come by jeep and Army-manned landing craft up the coast, capturing **Chioggia** on the way.

In heavy rain on the 29th, 6 MDS and attached FSU and FTU moved on another 43 miles to **Padua**, leaving behind a skeleton staff to act as a car post to treat any wounded and sick between **Trecenta** and **Padua**. The rain continued in a steady downpour, while patients, arriving in large numbers, kept the post in a state of frenzied activity. An anaesthetist had to be borrowed from one neighbouring unit and a water cart from another. Finally, after the surgeon had worked continuously for 22 hours and the operating team for 16 hours, the detachment sent back six carloads of casualties, accompanied by a medical officer to secure priority in crossing the river, and set off at 9 p.m. on the 29th to join the MDS at **Padua**. Here the MDS was handling another flood of wounded, many of them Germans, who were transferred to a German hospital unit.

The town of **Este** was quiet as the little convoy passed through, though heavy explosions were heard occasionally and a few streams of anti-aircraft tracer climbed into the air over on the flank. However, the detachment reached **Padua** to find rifles and tommy guns spluttering and the town lit by flares as partisans cleaned up Fascists and settled private feuds. The men were too tired to inquire about the situation. Tossing out their bedrolls, they ducked between trees to an empty house and bedded down.

At 1.30 p.m. on 29 April the Light Section of the CCS was instructed to move forward again, and less than three hours later it was on its way north. Just after passing **Ferrara**, there was a long delay because of the volume of traffic waiting to cross the Po. From here on the landscape became more beautiful, with acres of red poppies adding a lovely touch of colour to the rich, fertile scene. Here there was little sign of war, for the enemy had broken and fled with no time for demolition work. The roads were excellent in most parts, but **Eighth Army** had had no time to

signpost the route so the journey was more or less a matter of following the stream of traffic. The convoy eventually arrived at **Padua**, and from here took a road leading towards **Venice**. The new location at Porto Marghera, about six miles from **Venice**, was reached in the evening.

Here again the section went indoors, this time into the modern executive offices of an aluminium factory. The factory was an extensive one covering many acres, but work had been paralysed for months as a result of devastating Allied bombing attacks. During the next few days the rest of the unit moved up to this location from **San Marino**, and the **2 General Hospital** detachment came up from **Forli**. Patients were to be held until air evacuation was established.

The rapid advance kept 4 Field Hygiene Company, under Maj Kennedy, very busy. Along the line of the Division's advance, the buildings occupied by troops were sprayed by the unit's antimalaria sections. Posters dealing with flies and venereal disease were pasted up in every village en route. Many hundreds of dead Germans and animals littered the countryside and had to be removed and buried. On 29 and 30 April two groups of 130 and 12 German prisoners came into custody of the unit temporarily.

## *To Trieste*

Crossing the Piave River on the evening of 30 April, and then the Tagliamento and **Isonzo**, the Division pushed ahead and, advancing 75 miles, linked up at **Monfalcone** with forces of **Marshal Tito** advancing from the east. Keeping up with the forward elements of the Division, 4 ADS reached **Monfalcone** in the afternoon of 1 May and set up an ADS in a factory on the outskirts of the town.

Both 5 and 6 ADSs also kept up with the Division. 5 ADS was known as the 'Light Horse' as it set up successively at **Massa Lombarda**, **La Balla**, **San Pietro**, **Poggio Renatico**, **Bondeno**. Palazzo, Cura, **Crocetta**, **Badia** and **Padua**, to reach Trepalade by the end of April.

With the rapidity of the advance, the distinction between reception and evacuation sections in the ADSs became purely nominal, as they had frequently to open individually as complete sections and then leapfrog each other.

The role of the ADSs was exacting, necessitating frequent sudden moves, often over bad roads, demolitions and improvised bridges, but except on a few occasions the ADSs were always less than an hour's run from the battalion RAPs, and usually much closer. The number of casualties was relatively small, but the line of evacuation to the MDS was seldom easy, because of the speed of the advance and the difficulties of narrow roads with many one-way stretches. A round trip for ambulance cars of six hours to the MDS, sometimes 40 miles away, was not uncommon. This time factor made it essential for resuscitation and immobilisation to be more thorough than was usually required at an ADS.

In spite of **Marshal Tito's** claim to have taken the city a few days before, **Trieste** was still in enemy hands. On the 27-mile strip of coast road between **Monfalcone** and **Trieste**, and particularly at **Duino**, **Sistiana**, and **Miramare**, there were strong German formations. The Yugoslav forces had worked their way through the mountains to the east, and the main road to **Trieste** had still to be cleared. As garrison after garrison surrendered, the gleaming city came into view beyond the rugged headlands. At last 22 Battalion entered **Trieste** on the afternoon of 2 May, while 26 Battalion entered **Gorizia** on the route to **Austria**. The long trek of the Division had ended. In the 23 days after the first **Senio** barrage, the New Zealanders had virtually destroyed three German divisions (98, 278, and 4 Parachute Division), captured over 40,000 prisoners, and advanced for 225 miles over difficult country. It was most fitting that the New Zealand Division, then the division with longest service in the **Mediterranean** theatre, should have been in at the kill.

*The Surrender*



By 2 May 15 Army Group forces had conquered **Italy**. The country was entirely in our hands from Messina to the Brenner, from the French border to **Trieste**. The Germans, cut to pieces, dazed and despairing, laid down their arms, adding 230,000 prisoners of war to those already taken, and raising the total bag to between 600,000 and 900,000.

In the early morning of 3 May, 6 Field Ambulance reached **Monfalcone** after a long and tiring run of 114 miles from **Padua**. April had been a hectic month. The MDS had admitted 1268 patients, 723 of whom had been battle casualties and 545 sick. From **Forli** the unit had travelled at every speed, from the slowest of crawls to flat out, over roads no more than three days old and others built many centuries before, roads in the last stage of disintegration, and solid roads that carried their traffic with hardly a jar.

**Monfalcone** was not friendly, and the situation was irksome after **Padua's** welcome to the New Zealanders. Large numbers of Yugoslav troops were billeted in the town and neighbourhood, and the town hall in the main square was adorned with an immense red star, outlined in electric bulbs, with a large portrait of Tito at the topmost point. Already the walls of buildings were splashed with red pro-Tito slogans, and bilingual proclamations in Yugoslav and Italian were everywhere. One forbade any manifestation of national sentiment in the streets. Yugoslav and Italian partisans wandered around, literally bristling with weapons, and all Allied troops were warned against becoming involved with Yugoslav forces or taking part in any political meetings or demonstrations. Similarly in **Trieste** there was tension, too, and the Division was temporarily committed to a defensive role.

There was little spirit of celebration noticeable when, at noon on 2 May, the Germans in **Italy** officially surrendered, nor when Winston Churchill announced Victory-in-Europe Day on the 8th. The chances of being involved in more hostilities at any moment seemed by no means slight. The civilians were wildly excited, but amongst the staffs of the medical units there was not the excitement one would have expected.

**Demonstrations of joy were far more marked when [Tripoli](#) had been occupied and when the fall of [Tunis](#) had been announced. But that was two years previously. Those two years had been hard and long. Now that they had passed and the end had come, thoughts did not dwell so much on the victory that had been anticipated for so long but rather on going home.**

## ***The Hospitals***

**The succession of battles fought by the Division brought 584 battle casualties to 1 General Hospital at [Senigallia](#) during April, but the proportion of seriously wounded was notably low. The accommodation prepared in advance proved adequate and there was no overcrowding. From 1 General Hospital the patients went by hospital ship from [Ancona](#) to [Bari](#), where they were admitted to 3 General Hospital.**

**In fact, 3 General Hospital had a busier time than the advanced hospital, as it also received 400 battle casualties by air from 1 Mobile CCS. These patients were often received within 24 hours of being wounded in battles 400 miles away, and in some cases were still affected by the anæsthetic given them prior to operation at the CCS.**

**Preparations at 3 General Hospital for the admission of these casualties were complicated by the explosion of an ammunition ship in [Bari](#) harbour at midday on 9 April. The terrific blast shattered glass in the hospital windows facing the sea, while locks were torn off doors as they were violently thrown open, and equipment hurled about the wards. There were no casualties among staff or patients, though there were several narrow escapes from flying glass. But in the docks area the casualties, military and civilian, were 348 killed or missing and 1853 injured. Help was sent from the Polyclinic area, and 3 General Hospital admitted some [Royal Navy](#) personnel, Yugoslavs, and Italians. Contrary to first expectations, the number of these local casualties admitted was not large enough to make it difficult to find accommodation for the battle casualties from Northern Italy. A number of New Zealanders and Australians who had been prisoners of war, and who had been released by**

the Russians, became patients of the hospital for a while, and a larger number were medically examined as outpatients.

In dealing with the final battle casualties, **2 General Hospital's** efforts were confined to the work of its detachment at **Forli** and **Mestre** with the CCS, and at **Caserta** early in May the hospital began its packing prior to moving back across the **Mediterranean** to take over at **Helwan** hospital again after three and a half years. The merger of **5 General Hospital** with **2 General Hospital** took place in the second week of July. **Col H. D. Robertson** <sup>6</sup> of **5 General Hospital** became CO in place of **Col I. S. Wilson**. The Matron was still **Miss V. M. Hodges**.

Back in Egypt the little unit of **5 General Hospital** had carried on. Its career was short, unspectacular, but very useful. Taking over a long-established hospital meant that there was no excitement of new beginnings, and after the departure of **1 General Hospital** to **Italy** in April 1944, life became very quiet indeed. New Zealand prisoner-of-war patients repatriated from **Germany** brightened things up for a time. But towards the end of the year sisters and nurses from **Italy**, homeward bound on furlough, and others returning from New Zealand, passed through or spent many weeks in the sisters' mess while in transit.

### *Victory Celebrations*

In the hour of victory the hospital staffs set about making the occasion one of pleasant memory for the patients who had contributed so much to the long-awaited day. A programme was organised in each of the hospitals according to the facilities available. A special service of thanksgiving, held on the morning following the announcement of victory, was attended by all members of the staffs and walking patients and broadcast to the wards. For festivities **1 General Hospital** made use of its natural playground on the beach to stage mule racing and an aquatic carnival. Bed-patients were carried down to the beach to see the 'Signorinas' Scurry' and other races. At **2 General Hospital**, which was packed prior to moving to Egypt, there were no patients to entertain, so

the staff joined in with the patients and staff of 2 British General Hospital who shared the same compound. At 3 General Hospital there was a general migration south of **Bari** to Polignano beach, where over 500 patients and staff enjoyed a picnic in a sunny cove and then a victory ball, while at 5 General Hospital in **Helwan** there was a dinner and a dance for the patients.

### *Haine Hospital in England*

To get ready to receive New Zealand prisoners of war as they were liberated, the nucleus of a small hospital unit was sent to England from **Italy** in September 1944. It was some time before a suitable site for a hospital could be obtained, and in the meantime the nursing sisters, under Charge Sister Scott, <sup>7</sup> assisted for two months at Connaught Military Hospital at **Aldershot**. Christmas was spent by the staff at Old Park Barracks in **Dover**. By this time the advance of the Allied armies in Western Europe had reduced the danger from enemy V1 and V2 rockets.

Then, in March 1945, Brigadier Twigg arranged for the isolation hospital at **Haine** to be allotted to the New Zealanders for a New Zealand military hospital. The main body of the hospital unit, under Lt-Col Lovell, moved into the buildings at **Haine** on 14 March to throw themselves into the work of establishing a 60-bed hospital by 9 April. Working against time, the staff had 76 beds ready by 8 April. Next day the first patients arrived, but the day after that all the beds were occupied, and it was necessary to open further wards. Assistance was given by local civilians, most of whom gave time which could ill be spared, volunteering to work in the evenings to assist in the plumbing, carpentering, cleaning, and ward work. There were soon 200 patients.

As a result of recent privations and hardships, the general condition of the released prisoners of war admitted was poor and many were found to be suffering from varying degrees of malnutrition and avitaminosis. The early drafts had also undergone long marches (500 to 800 miles) in the snow before being released, and the men bore evidence of severe undernourishment and exposure.

**As they were admitted to the wards they were silent, exhausted, unshaven and dirty, still clothed in camp-stained battle dress, and very emaciated looking. Their faces expressed bewilderment. A meal, a bath, and the removal of at least a week's growth of beard, a comfortable bed, complete with sheets, and last but not least a cigarette, proved to them that they really were at last freed from captivity and, as many of them said, in a 'home away from home'.**

**For the first two or three days they did little else but eat and sleep, but as they became more rested a more normal buzz of conversation was heard in the wards. Their morale was excellent and most of them recovered fairly quickly.**

**On arrival in hospital each patient was presented with a Red Cross ditty-bag, containing a note of welcome from the New Zealand Red Cross, and all the things he needed in the way of toilet articles, cigarettes, etc. The men were extremely independent and hard to keep in bed unless very ill. They had learned to look after themselves in the stalags and found it difficult to relax whilst someone else attended to them.**

**Malnutrition brought many digestive upsets in its train, and the patients had to be very carefully dieted and were put on high protein and low carbohydrate meals. This presented difficulties, as whilst in prison camp they had dreamed of lots of cake, chocolate, biscuits, and all the sweet things that had been deprived them for so long. All their food parcels were held for them until they recovered their powers of digestion.**

**Some of the staff were in London for VE Day. Six weeks after the hospital was opened, reinforcements to the staff arrived from Italy, and by June a reduced number of patients and the larger staff enabled the hospital to settle to a smoother and less strained routine. Some of the patients were sent to New Zealand by hospital ship, while others were discharged to return home with the normal repatriation drafts after they had had leave. On 9 October the hospital at Haine was closed, though a**

small hospital was run at **Folkestone** for three months to care for men who had become ill while on leave in the **United Kingdom**.

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<sup>1</sup> **Maj N. H. Wilson**, m.i.d.; born **Invercargill**, 30 Dec 1910; Medical Practitioner, **Christchurch**; Medical Officer 3 Gen Hosp Jun-Dec 1941; 4 Fd Amb Jan 1942-May 1945.

<sup>2</sup> **Maj I. A. Alexander**; born **Napier**, 11 Mar 1915; Medical Practitioner, **Wellington**; Medical Officer 8 Bde ( **Fiji**) Jan-Aug 1942; 4 Gen Hosp. 29 Bn, 2 CCS ( **Pacific**) Aug 1942-Jun 1944; 1 Gen Hosp Oct 1944-Mar 1945; 1 Mob CCS Mar-Aug 1945.

<sup>3</sup> **Brig I. S. Wilson**, OBE, MC and bar. m.i.d.(2); born **Dunedin**. 13 Jul 1883; Physician, **Palmerston North**; 1914-18, Medical Officer BEF Fd Amb, RMO 1 Bn Scots Guards, Guards Fd Amb; wounded, **Somme**, 1916; ADMS Army HQ (NZ) Sep 1939-Feb 1944; acting DGMS Army HQ (NZ) Feb-Jul 1944; CO 2 Gen Hosp Oct 1944-Jul 1945.

<sup>4</sup> **Maj W. I. Cawkwell**; born **Auckland**, 30 Aug 1914; Surgeon, **Auckland**: RMO 22 Bn Dec 1942-Aug 1943; 6 Fd Amb Aug 1943-Sep 1944; 1 Mob CCS Sep-Oct 1944; 5 Gen Hosp Oct 1944-Mar 1945; OC 3 FSU Mar-Aug 1945; surgeon 3 Gen Hosp Aug-Oct 1945.

<sup>5</sup> **Maj P. F. Howden**; born NZ, 31 May 1913; House Surgeon, **Auckland Hospital**; Medical Officer Maadi Camp May-Dec 1941; 4 Fd Amb Feb 1942-Jan 1943; 1 Gen Hosp Jan-Aug 1943; 4 Fd Amb Aug 1943-Dec 1944; OC 2 FTU Dec 1944-May 1945; Repatriation Unit ( **UK**) May-Dec 1945.

<sup>6</sup> **Col H. D. Robertson**; born **Auckland**, 3 Feb 1888; Medical Practitioner, **Wanganui**; 1 **NZEF** 1915-18, Medical Officer 2 Gen Hosp, Stationary Hosp; DADMS 2 **NZEF** ( **UK**) Jun 1940-Aug 1943; CO 5 Gen Hosp Feb-Jul 1945; CO 2 Gen Hosp Jul-Nov 1945.

<sup>7</sup> Charge Sister Miss M. J. Scott; born **Auckland**, 4 Oct 1909;

**Matron, Lincoln Hospital; Sister 3 Gen Hosp Feb 1941-Aug 1944;  
Charge Sister Repatriation Hospital ( [UK](#)) Aug 1944-Oct 1945.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

AT the beginning of March 2 NZ Division was still in a holding role on the line facing the **Senio** River, north-west of **Faenza**. However, by the end of the first week, 2 Kresowa Division of the **Polish Corps** had taken over the sector, and the New Zealanders had moved to a rest and training area in the **Fabriano, San Severino, Camerino** region, except for 4 Armoured Brigade which went to **Cesenatico**, on the Adriatic coast north of **Rimini**, to save moving the tanks so far to the rear. With 4 Armoured Brigade was 4 MDS, while the CCS stayed at **Forli**.

**Fabriano** had changed little since the Division's earlier sojourn there. The bomb wreckage had been stacked up a little more neatly and a length of drainage dug up for repair. The broken bridge was still broken, and the pile of tins at its foot had grown bigger. Small gangs of civilians were pecking patiently and all but ineffectually at the heaps of rubble. Where the **YMCA** had been there stood a well-run **Naafi**, and English names had been bestowed on all the theatres.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 MDS ON MANOEUVRES

### *6 MDS on Manoeuvres*

The easy leisure first enjoyed by the medical units came to an abrupt halt on 12 March, when they swung into a schedule of strenuous training. The mornings slipped past in a routine of parades, squad drill, and saluting practice, with an occasional route march to break the monotony. The afternoons were devoted to lectures and training in the pitching of tents and tarpaulin shelters, all very necessary in view of the number of reinforcements now in the units.

New tarpaulins arrived for some of the centres and new side and top ropes had to be fitted. Finally the last hank of thread was snipped, and all the tentage was erected for the commanding officer's inspection. Then HQ 6 Field Ambulance packed and loaded and moved out for practice in setting up a battle MDS.

It was a pleasant afternoon. The recently formed 9 Brigade was out on manoeuvres, and files of infantry passed the MDS. The reports of 25-pounders reverberated through the hills above, and the distant rattle of rifle fire recalled dim impressions of **Trentham**, of lectures in the sun-warmed grandstands, and the hypnotic effect of the sporadic rattling from the rifle range up the valley. In a nearby field two farmers followed their ploughs and slow teams of oxen, their families strung out behind them planting potatoes. There was a disturbance when two girls and a man came running down from a hillside farm uttering distressing cries. Someone had been wounded while tampering with a grenade. A medical officer went up with an ambulance car, and the casualty was sent off to the civilian hospital at **Fabriano**.

**Italy** was passing from winter into spring. After a period of warm, sunny days, fruit trees were unexpectedly in bloom by mid-March; and, with the improved conditions, such straws in the wind as the visit of a

**British field transfusion unit to draw supplies of blood from New Zealand units turned the men's thoughts once again to the resumption of active operations.**

**On 26 March the commanding officer received preliminary orders regarding the expected move. Dates were given at a conference of medical officers on the 28th. The Division was moving forward to take over a sector on the **Senio** River from 78 British Infantry Division, preparatory to taking part in what was expected to be the decisive battle.**

**Allied and German troops watched each other across the lines of the Italian front, which had now ceded its place in world interest to the battles in Northern Europe. In the long winter months 25 divisions of Germans and five of Fascist Italians had been tied down. Preparations for a spring offensive had been proceeding, and this was timed to start when the flooding rivers had subsided and the wet ground would bear the weight of armour.**

**On the east of the front in the **Po Valley** the enemy was entrenched behind the **Senio**, with prepared lines on the **Santerno**, Sillaro, Gaiana, **Quaderna**, and **Idice** rivers, all comparatively wide and steeply banked. In General Mark Clark's plans for 15 Army Group the main effort was to be launched by Fifth Army in the **Bologna** area, after a thrust north-west across the **Senio** River on the **Eighth Army** front to draw off enemy reserves.**

**At the beginning of April 2 NZ Division moved from its rest area towards the **Senio** River, where on 2 April, under command of 5 Corps, it took over a sector of the line north of **Faenza**, with **8 Indian Division** on its right and **3 Carpathian Division** and **5 Kresowa Division** of **2 Polish Corps** on its left. The first eight days of the month were used to clear the enemy from the near, or eastern, stopbank and in active patrolling. These operations produced 120 battle casualties. The assault on the **Senio** was fixed for 9 April.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## SENOIO ATTACK LAUNCHED

### *Senio Attack Launched*

At ten minutes to two on the afternoon of 9 April a terrific bombardment was begun by Allied air forces and artillery on the **Eighth Army** front. Hundreds of heavy bombers, Fortresses and Liberators, followed by mediums and fighter-bombers, swung down with small bombs designed to kill men, shatter vehicles, and cut communications without blowing the impassable craters that had upset calculations at **Cassino**. Here the air power was greater than that which blitzed **Cassino** just over a year before. Then came the guns—more than were at **Alamein**. Twelve regiments laid the barrage while, in the safety of houses and ditches to which they had been withdrawn, the New Zealand infantry waited for H-hour. In brief breaks in the gunfire, Spitfires slashed in again and again, catching the bewildered defenders as they bobbed up to engage non-appearing assault troops. Enemy positions were battered for over five hours, and then at 7.20 p.m. the assault forces attacked across the **Senio**, moving in through the drifting smoke of battle preceded by the vicious jets of flame-throwing tanks and carriers. By nightfall the Division had four battalions across the river, and the engineers toiled ceaselessly to erect Bailey bridging in the darkness. In a night of solid gains the bridgeheads of the New Zealanders, Indians, and Poles linked up. The following morning, again preceded by a heavy air assault and closely supported by tanks, the infantry pushed forward to the line of the **Lugo Canal**, which they had reached in strength by midday. New Zealand troops attacked again in the afternoon, and although their advance to the **Santerno River** was fiercely contested, reached their objective that evening. There were 120 casualties in the first 24 hours.

Under **Maj G. F. Hall**, 6 ADS had moved up on the night of 9-10 April to near **Granarola** on the Canale Naviglio, where it admitted 49 casualties in the course of the night. Keeping pace with the infantry,

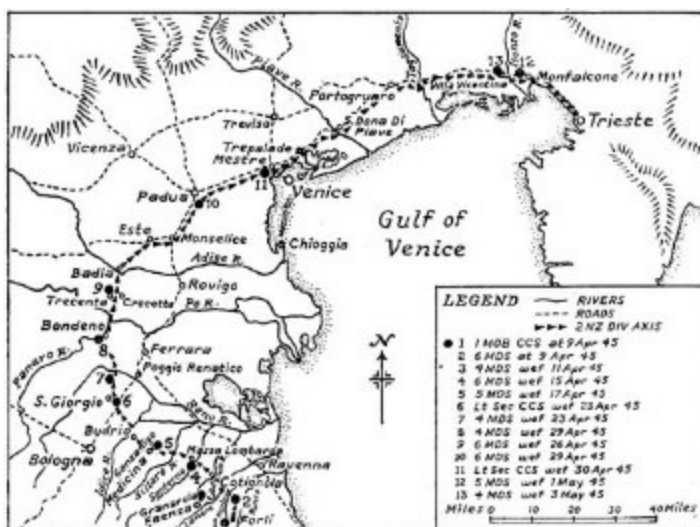
who were pushing on to the **Santerno River** against scattered but stubborn resistance, the company moved forward again on the following day and opened the ADS just north of the village of **Barbiano**. A further 86 casualties were treated and evacuated, and the company found itself faced with increasing difficulty in transferring them back to HQ at **Villafranca**. With the steady advance of the infantry, necessitating the continuous movement of the ADS, the route of evacuation grew longer and longer, and in many places lay over poor roads that often permitted oneway traffic only. The experiences of 4 ADS, under **Maj N. H. Wilson**,<sup>1</sup> and 5 ADS, under **Maj N. C. Begg**, were similar.

The wounded soon began to pour in to the 6 MDS at **Villafranca di Forli**, 50 arriving before midnight and 157 on the 10th, the busiest day. The majority of operations being on light cases, the casualties passed through the two theatres in a steady flow. By the 11th the battle had receded, and the 4 Field Ambulance team went forward to rejoin its unit at **Granarola**, 1000 yards from the stop-bank of the **Senio**, as 4 Field Ambulance had assumed the role of battle MDS.

The battle for the **Santerno** crossings was at high pitch throughout the afternoon and evening of 11 April. The caked ground shook from the recoil and impact of artillery and mortar fire; the rattle of spandau and machine gun scarcely ceased; infantrymen toiled on while Spitfires and Mustangs weaved in strafing sorties over the enemy's positions. Heavy fighting against infantry and tanks continued through a starlit night. Counter-attacks pressed home by Tiger tanks were repulsed, and by the morning of 12 April the 2 New Zealand, 8 Indian, and 3 Carpathian Divisions all had battalions across the river.

Steady progress was made towards the **Sillaro River**, and as 9 Infantry Brigade and 6 Infantry Brigade advanced, the ADSs and then 4 MDS were kept busy with the casualties, the MDS admitting about a hundred patients a day before it closed on the afternoon of 15 April. Its functions were taken over by 6 MDS, which opened at **Santa Agate**, two miles to the rear of **Massa Lombarda**.

About 250 yards from the road, in fields of lucerne and barley, 6 MDS was set up again under canvas. There was the usual scene of destruction and desolation. Ammunition cases and debris were scattered around, and farm buildings in the vicinity were either smashed or burned to blackened shells. A battery of medium guns was firing from among nearby trees. The battle was still a long way ahead, but casualties, many of them prisoners of war and civilians, streamed back from the ADSs as the New Zealand bridgehead across the **Sillaro River** was extended. They began to pile up, but once again the team from 4 Field Ambulance was on the scene to take some of the strain from the unit operating teams. On the 17th 6 MDS closed for battle casualties and opened for sick only, 5 Field Ambulance having moved forward to receive casualties at **Ganzanigo**, in a building used by a German medical unit up to the previous night.



*Forlì to Trieste*  
**Forlì to Trieste**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ACROSS THE SILLARO

### *Across the Sillaro*

**It was necessary for the advanced dressing stations to move daily to keep up with the advance, and 4 ADS crossed the Sillaro late on 16 April, after a busy night and day, and staged the night at **Sesto Imolese**, before moving next day near to **Medicina**.**

**The Poles on the left and the Indians on the right were not far in rear of the New Zealanders, who on 17 April made a sweeping advance along the **Medicina- Budrio** railway and reached the Gsiana River, where they found the enemy to be in strength on the far bank. On the night of 18-19 April 2 NZ Division (9 Infantry Brigade and 43 Gurkha Brigade) stormed the Gaiana in the face of vicious fire from dug-in positions on the floodbanks, and swept on across the **Quaderna** against heavy resistance from German paratroops, many of whom died at their posts rather than surrender or retreat. Our casualties for the operation totalled 65.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ACROSS THE IDICE

### *Across the Idice*

By 20 April forward troops of the Division (5 and 6 Brigades) had cleared **Budrio** and reached the banks of the Idice River. That night infantry smashed spandau nests and struggled over mines and wire on both floodbanks to force a crossing. Engineers had three bridges open by morning, and 5 and 6 ADSs moved across the river in the afternoon.

The opposition was now staggering before repeated hammer blows. Polish troops had entered **Bologna** just as Fifth Army troops came in from the south. The Division moved across Route 64, the main **Bologna-Ferrara** highway, and swung north through **San Giorgio**, making contact with Fifth Army troops, overrunning enemy rearguards and plunging ahead. It crossed the River Reno and reached the Po just south of **Bondeno** by 23 April. On this date 4 MDS moved up to **San Venanzio**, just south of the Reno River.

As it followed the path of the Division on its move to **San Venanzio**, 4 Field Ambulance saw something of the battlefields. The approach to the **Senio** was thickly studded with camouflaged dugouts and stiff with wire. The real damage began on the opposite stopbank. It was blackened and scorched and pitted, and the small villages near the bridge had been pounded to so many rubble heaps. The road curved through the rubble mounds, very rutted, dusty, and bumpy. Groups of civilians were already poking hopelessly among the ruins. Beyond this there was an area thoroughly patterned with shell holes and trees slashed and torn by splinters. Here began, too, the carefully marked sets of enemy slit trenches that lined the road on both sides almost to the Po. They were indicated by tufts of straw on a long stick, so that any driver pressed for time during road strafing could tumble in without any frantic searching. Houses on both sides of the **Santerno** had been demolished into rounded heaps of rubble, and the makeshift road provided a bouncing way

through them. On the formed road again the traffic clotted into a solid mass. The roads were good and tar-sealed, but the edges were crumbling and trucks had to weave from one side to another to pick a smooth passage. The country was still fairly flat and still plentifully besprinkled with trees. Everything within windborne range of the roads became whitened by drifted dust. Dead animals coated with dust lay beside smashed, horse-drawn equipment.

The route then lay through grain-growing country. The dusty, deep-rutted roads made one think of the hold-up there would have been had it rained heavily.

At the **Idice** there were the same conditions as at previous river crossings. The approaches to the Bailey bridge were very rough and dusty. On the roads were groups of cycling partisans, equipped with weapons and flags, decorated with whiskers and full of song. Sometimes lorry loads of them passed by.

In the villages crowds thronged the pavements to wave to the trucks. The people had not yet pulled down the German notices though all were overjoyed that the Germans had gone. Partisan headquarters were seething with enthusiasm.

By now the Division had advanced so far that the line of evacuation to the CCS at **Forli** had become particularly long. On 22 April instructions were given that the Light Section was to move fifty miles ahead next morning. Excitement ran high round the unit for a few hours as the necessary equipment was hastily packed and loaded on the trucks. After this the men to travel with the section had to pack their own gear, discarding some of the extras they had accumulated after five months in one place.

Breakfast was at five o'clock next morning, and an hour later the section, under command of Maj **Alexander**,<sup>2</sup> moved off. The journey up through **Faenza** was full of interest, particularly around the **Senio**. There was little traffic on the road, and the convoy made good progress



through Castel Bolognese, **Imola**, Castel **San Pietro**, and on to the university town of **Bologna**. This city had fallen to the Fifth Army only two days previously, and the bewildered people cheered wildly as the vehicles passed through—not for many months had they seen so much petrol-driven traffic. Near a small country village named **San Marino**, the section set up in the beautifully planned grounds of a chateau, and within a few hours the first patients were received.

During the next few days the rest of the unit, with the exception of a small rear party, also moved to the new location and set up in tents. Only a few casualties were received here. These were sent back to the school in **Forli** where a 100-bed detachment from 2 NZ General Hospital, under Lt-Col Caughey, had taken over as a temporary staging unit. For the first time in its history **2 General Hospital** was operating an independent detachment. The hospital at **Caserta** was now commanded by Col. I. S. **Wilson**.<sup>3</sup>

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ACROSS THE PO

### *Across the Po*

During 24 April forward infantry of 2 NZ Division crossed the formidable barrier of the River Po in assault boats. Opposition on the far bank was slight and a start was made to bridge the river, a distance of some 500 feet. The bridge, the **Eighth Army's** first over the Po, was completed on 25 April (Anzac Day), and that evening 6 ADS crossed this notable river, being the first medical unit to do so. The main body of the Division crossed on 26 April. Because of the difficulty of getting vehicles back across the river against the ceaseless stream of essential fighting transport, it was decided that 6 MDS would cross the Po and establish itself in **Trecenta**.

Sixth MDS was at Mirabello when, at 1 p.m. on the 26th, there came instructions to despatch a skeleton section across the Po and establish the MDS for battle casualties at **Trecenta**. The theatre and resuscitation section double-banked their loads on one truck to reduce the size of the convoy, and together with reception, evacuation, dispensary, orderly room, water cart and cookhouse, moved out behind the commanding officer's jeep a few minutes before two o'clock. In spite of the traffic they made good time, passing along a good road through areas where white flags still hung from houses. Across the **Panaro** the roadsides were stacked with German dumps; and there were many grim examples of the accuracy of the Desert Air Force. Ammunition and gun and mortar positions had been blasted out of existence by direct hits. At one dump Italian women were hard at work opening the charges and taking the silk containers from around the cordite, which was spilled in an untidy heap like so much spaghetti. A dropped match would have created a tremendous amount of work for any medical unit that happened to be in the vicinity.

Ever-increasing quantities of smashed and burned enemy equipment

was strewn around. Across the **Panaro** the speed improved for a while, then the sections turned off along an elevated side road from which they suddenly emerged on the stopbank of the Po, and headed toward the overworked pontoon bridge on which streams of transport were converging. Bofors guns lined the riverbanks, and in a plantation on the other side a battery of 25-pounders was blazing away steadily. The area outside the stopbanks had been blasted and torn. Trees had been ripped down to the stoutest of branches, and the houses among them were now rounded heaps. The ground itself was scorched and bare, while the space inside the stopbanks was churned and torn by overlapping bomb craters, with heaps of equipment and coils of wire and cables half buried under the erupted earth and piles of railway sleepers and bridging panels.

The broken end of a German pontoon bridge, still covered with camouflage netting, dragged in the water. Amphibious lorries and the pontoon ferry carrying tanks crossed and recrossed the river as the convoy made its way down the path carved in the stopbank. Detachments of 9 Brigade were marching up to the bridge, and squads of men galloped across the track between lorries. Crossing the bridge was like driving on an unending upward incline as the heavy load over the rear wheels of the lorry forced down the pontoons.

Over the river the countryside was heavily wooded, and between towns the convoy ran along dusty roads through luxuriant plantations. Groups of people gathered at every street corner and in every square to stare and wave at the stream of vehicles. After three hours of varied going the HQ detachment reached **Trecenta**, where a section of the ADS, packed up and ready to move, was awaiting its arrival. Patients were already waiting for treatment, and the MDS was opened immediately.

It was fortunate that the MDS building, the home of one of the wealthier citizens, was one of the most suitable that the unit had yet occupied, as the sections were soon flooded with patients and working day and night. All types of sick were handled and all needed surgery was performed. In addition, evacuation across the crowded pontoon bridge

was still almost impossible. Several ambulance cars were taken across in returning tank ferries; but frequently the MDS was compelled to hold patients long after everything possible had been done for them. Fortunately, on the 27th, 3 FSU, under Maj **Cawkwell** <sup>4</sup> and 2 FTU, under Maj **Howden**, <sup>5</sup> reached **Trecenta** and took some of the pressure from the unit teams. The situation was eased on the 28th, when 4 MDS set up as a staging post just south of the Po.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ACROSS THE ADIGE

### *Across the Adige*

**The difficult obstacle formed by the fast-flowing [Adige River](#), between 100 and 200 yards wide, was forced on the night of 26-27 April, and one of the last water barriers before the Alps was crossed. Next day New Zealand engineers were the first to bridge this second great water hazard. On 27 April 9 Infantry Brigade and 43 Gurkha Lorried Infantry Brigade passed through 5 and 6 Infantry Brigades, who went temporarily into reserve. In the late afternoon 9 Brigade, accompanied by 4 ADS, moved across the [Adige](#), north of [Badia](#). The Division advanced rapidly against slight opposition with few casualties, and on 28 April 4 ADS moved forward through San Margherita, continuing through [Este](#) and [Monselice](#) to [Padua](#), where it opened at night in a large house. Casualties received on the road were treated by the reception section by the roadside and evacuated back to 6 MDS at [Trecenta](#).**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## TO VENICE

### *To Venice*

The night of 28-29 April was memorable—the Division burst through the **Venetian Line** unopposed and, after an all-night move, was firmly established in **Padua** on the morning of the 29th. That day the Division entered **Mestre**, on the mainland opposite **Venice**, and a few hours later a special detachment swept along the broad causeway over the deep blue waters of the Venetian lagoon to the city, which it found in the hands of the partisans. The detachment was soon joined by 56 Division and by Popski's Private Army, which had come by jeep and Army-manned landing craft up the coast, capturing **Chioggia** on the way.

In heavy rain on the 29th, 6 MDS and attached FSU and FTU moved on another 43 miles to **Padua**, leaving behind a skeleton staff to act as a car post to treat any wounded and sick between **Trecenta** and **Padua**. The rain continued in a steady downpour, while patients, arriving in large numbers, kept the post in a state of frenzied activity. An anaesthetist had to be borrowed from one neighbouring unit and a water cart from another. Finally, after the surgeon had worked continuously for 22 hours and the operating team for 16 hours, the detachment sent back six carloads of casualties, accompanied by a medical officer to secure priority in crossing the river, and set off at 9 p.m. on the 29th to join the MDS at **Padua**. Here the MDS was handling another flood of wounded, many of them Germans, who were transferred to a German hospital unit.

The town of **Este** was quiet as the little convoy passed through, though heavy explosions were heard occasionally and a few streams of anti-aircraft tracer climbed into the air over on the flank. However, the detachment reached **Padua** to find rifles and tommy guns spluttering and the town lit by flares as partisans cleaned up Fascists and settled private feuds. The men were too tired to inquire about the situation.

**Tossing out their bedrolls, they ducked between trees to an empty house and bedded down.**

**At 1.30 p.m. on 29 April the Light Section of the CCS was instructed to move forward again, and less than three hours later it was on its way north. Just after passing Ferrara, there was a long delay because of the volume of traffic waiting to cross the Po. From here on the landscape became more beautiful, with acres of red poppies adding a lovely touch of colour to the rich, fertile scene. Here there was little sign of war, for the enemy had broken and fled with no time for demolition work. The roads were excellent in most parts, but Eighth Army had had no time to signpost the route so the journey was more or less a matter of following the stream of traffic. The convoy eventually arrived at Padua, and from here took a road leading towards Venice. The new location at Porto Marghera, about six miles from Venice, was reached in the evening.**

**Here again the section went indoors, this time into the modern executive offices of an aluminium factory. The factory was an extensive one covering many acres, but work had been paralysed for months as a result of devastating Allied bombing attacks. During the next few days the rest of the unit moved up to this location from San Marino, and the 2 General Hospital detachment came up from Forli. Patients were to be held until air evacuation was established.**

**The rapid advance kept 4 Field Hygiene Company, under Maj Kennedy, very busy. Along the line of the Division's advance, the buildings occupied by troops were sprayed by the unit's antimalaria sections. Posters dealing with flies and venereal disease were pasted up in every village en route. Many hundreds of dead Germans and animals littered the countryside and had to be removed and buried. On 29 and 30 April two groups of 130 and 12 German prisoners came into custody of the unit temporarily.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## TO TRIESTE

### *To Trieste*

Crossing the Piave River on the evening of 30 April, and then the Tagliamento and Isonzo, the Division pushed ahead and, advancing 75 miles, linked up at Monfalcone with forces of Marshal Tito advancing from the east. Keeping up with the forward elements of the Division, 4 ADS reached Monfalcone in the afternoon of 1 May and set up an ADS in a factory on the outskirts of the town.

Both 5 and 6 ADSs also kept up with the Division. 5 ADS was known as the 'Light Horse' as it set up successively at Massa Lombarda, La Balla, San Pietro, Poggio Renatico, Bondeno. Palazzo, Cura, Crocetta, Badia and Padua, to reach Trepalade by the end of April.

With the rapidity of the advance, the distinction between reception and evacuation sections in the ADSs became purely nominal, as they had frequently to open individually as complete sections and then leapfrog each other.

The role of the ADSs was exacting, necessitating frequent sudden moves, often over bad roads, demolitions and improvised bridges, but except on a few occasions the ADSs were always less than an hour's run from the battalion RAPs, and usually much closer. The number of casualties was relatively small, but the line of evacuation to the MDS was seldom easy, because of the speed of the advance and the difficulties of narrow roads with many one-way stretches. A round trip for ambulance cars of six hours to the MDS, sometimes 40 miles away, was not uncommon. This time factor made it essential for resuscitation and immobilisation to be more thorough than was usually required at an ADS.

In spite of Marshal Tito's claim to have taken the city a few days



before, **Trieste** was still in enemy hands. On the 27-mile strip of coast road between **Monfalcone** and **Trieste**, and particularly at **Duino**, **Sistiana**, and **Miramare**, there were strong German formations. The Yugoslav forces had worked their way through the mountains to the east, and the main road to **Trieste** had still to be cleared. As garrison after garrison surrendered, the gleaming city came into view beyond the rugged headlands. At last 22 Battalion entered **Trieste** on the afternoon of 2 May, while 26 Battalion entered **Gorizia** on the route to **Austria**. The long trek of the Division had ended. In the 23 days after the first **Senio** barrage, the New Zealanders had virtually destroyed three German divisions (98, 278, and 4 Parachute Division), captured over 40,000 prisoners, and advanced for 225 miles over difficult country. It was most fitting that the New Zealand Division, then the division with longest service in the **Mediterranean** theatre, should have been in at the kill.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE SURRENDER

### *The Surrender*

By 2 May 15 Army Group forces had conquered **Italy**. The country was entirely in our hands from Messina to the Brenner, from the French border to **Trieste**. The Germans, cut to pieces, dazed and despairing, laid down their arms, adding 230,000 prisoners of war to those already taken, and raising the total bag to between 600,000 and 900,000.

In the early morning of 3 May, 6 Field Ambulance reached **Monfalcone** after a long and tiring run of 114 miles from **Padua**. April had been a hectic month. The MDS had admitted 1268 patients, 723 of whom had been battle casualties and 545 sick. From **Forli** the unit had travelled at every speed, from the slowest of crawls to flat out, over roads no more than three days old and others built many centuries before, roads in the last stage of disintegration, and solid roads that carried their traffic with hardly a jar.

**Monfalcone** was not friendly, and the situation was irksome after **Padua's** welcome to the New Zealanders. Large numbers of Yugoslav troops were billeted in the town and neighbourhood, and the town hall in the main square was adorned with an immense red star, outlined in electric bulbs, with a large portrait of Tito at the topmost point. Already the walls of buildings were splashed with red pro-Tito slogans, and bilingual proclamations in Yugoslav and Italian were everywhere. One forbade any manifestation of national sentiment in the streets. Yugoslav and Italian partisans wandered around, literally bristling with weapons, and all Allied troops were warned against becoming involved with Yugoslav forces or taking part in any political meetings or demonstrations. Similarly in **Trieste** there was tension, too, and the Division was temporarily committed to a defensive role.

There was little spirit of celebration noticeable when, at noon on 2

**May, the Germans in Italy officially surrendered, nor when Winston Churchill announced Victory-in-Europe Day on the 8th. The chances of being involved in more hostilities at any moment seemed by no means slight. The civilians were wildly excited, but amongst the staffs of the medical units there was not the excitement one would have expected. Demonstrations of joy were far more marked when Tripoli had been occupied and when the fall of Tunis had been announced. But that was two years previously. Those two years had been hard and long. Now that they had passed and the end had come, thoughts did not dwell so much on the victory that had been anticipated for so long but rather on going home.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## THE HOSPITALS

### *The Hospitals*

The succession of battles fought by the Division brought 584 battle casualties to 1 General Hospital at **Senigallia** during April, but the proportion of seriously wounded was notably low. The accommodation prepared in advance proved adequate and there was no overcrowding. From 1 General Hospital the patients went by hospital ship from **Ancona** to **Bari**, where they were admitted to 3 General Hospital.

In fact, 3 General Hospital had a busier time than the advanced hospital, as it also received 400 battle casualties by air from 1 Mobile CCS. These patients were often received within 24 hours of being wounded in battles 400 miles away, and in some cases were still affected by the anæsthetic given them prior to operation at the CCS.

Preparations at 3 General Hospital for the admission of these casualties were complicated by the explosion of an ammunition ship in **Bari** harbour at midday on 9 April. The terrific blast shattered glass in the hospital windows facing the sea, while locks were torn off doors as they were violently thrown open, and equipment hurled about the wards. There were no casualties among staff or patients, though there were several narrow escapes from flying glass. But in the docks area the casualties, military and civilian, were 348 killed or missing and 1853 injured. Help was sent from the Polyclinic area, and 3 General Hospital admitted some **Royal Navy** personnel, Yugoslavs, and Italians. Contrary to first expectations, the number of these local casualties admitted was not large enough to make it difficult to find accommodation for the battle casualties from Northern Italy. A number of New Zealanders and Australians who had been prisoners of war, and who had been released by the Russians, became patients of the hospital for a while, and a larger number were medically examined as outpatients.

In dealing with the final battle casualties, **2 General Hospital's** efforts were confined to the work of its detachment at **Forli** and **Mestre** with the CCS, and at **Caserta** early in May the hospital began its packing prior to moving back across the **Mediterranean** to take over at **Helwan** hospital again after three and a half years. The merger of **5 General Hospital** with **2 General Hospital** took place in the second week of July. **Col H. D. Robertson** <sup>6</sup> of **5 General Hospital** became CO in place of **Col I. S. Wilson**. The Matron was still **Miss V. M. Hodges**.

Back in Egypt the little unit of **5 General Hospital** had carried on. Its career was short, unspectacular, but very useful. Taking over a long-established hospital meant that there was no excitement of new beginnings, and after the departure of **1 General Hospital** to **Italy** in April 1944, life became very quiet indeed. New Zealand prisoner-of-war patients repatriated from **Germany** brightened things up for a time. But towards the end of the year sisters and nurses from **Italy**, homeward bound on furlough, and others returning from New Zealand, passed through or spent many weeks in the sisters' mess while in transit.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## VICTORY CELEBRATIONS

### *Victory Celebrations*

**In the hour of victory the hospital staffs set about making the occasion one of pleasant memory for the patients who had contributed so much to the long-awaited day. A programme was organised in each of the hospitals according to the facilities available. A special service of thanksgiving, held on the morning following the announcement of victory, was attended by all members of the staffs and walking patients and broadcast to the wards. For festivities 1 General Hospital made use of its natural playground on the beach to stage mule racing and an aquatic carnival. Bed-patients were carried down to the beach to see the 'Signorinas' Scurry' and other races. At 2 General Hospital, which was packed prior to moving to Egypt, there were no patients to entertain, so the staff joined in with the patients and staff of 2 British General Hospital who shared the same compound. At 3 General Hospital there was a general migration south of Bari to Polignano beach, where over 500 patients and staff enjoyed a picnic in a sunny cove and then a victory ball, while at 5 General Hospital in Helwan there was a dinner and a dance for the patients.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HAINES HOSPITAL IN ENGLAND

### *Haines Hospital in England*

To get ready to receive New Zealand prisoners of war as they were liberated, the nucleus of a small hospital unit was sent to England from **Italy** in September 1944. It was some time before a suitable site for a hospital could be obtained, and in the meantime the nursing sisters, under Charge Sister Scott,<sup>7</sup> assisted for two months at **Connaught Military Hospital at Aldershot**. Christmas was spent by the staff at **Old Park Barracks in Dover**. By this time the advance of the Allied armies in Western Europe had reduced the danger from enemy V1 and V2 rockets.

Then, in March 1945, Brigadier Twigg arranged for the isolation hospital at **Haines** to be allotted to the New Zealanders for a New Zealand military hospital. The main body of the hospital unit, under Lt-Col Lovell, moved into the buildings at **Haines** on 14 March to throw themselves into the work of establishing a 60-bed hospital by 9 April. Working against time, the staff had 76 beds ready by 8 April. Next day the first patients arrived, but the day after that all the beds were occupied, and it was necessary to open further wards. Assistance was given by local civilians, most of whom gave time which could ill be spared, volunteering to work in the evenings to assist in the plumbing, carpentering, cleaning, and ward work. There were soon 200 patients.

As a result of recent privations and hardships, the general condition of the released prisoners of war admitted was poor and many were found to be suffering from varying degrees of malnutrition and avitaminosis. The early drafts had also undergone long marches (500 to 800 miles) in the snow before being released, and the men bore evidence of severe undernourishment and exposure.

As they were admitted to the wards they were silent, exhausted, unshaven and dirty, still clothed in camp-stained battle dress, and very

emaciated looking. Their faces expressed bewilderment. A meal, a bath, and the removal of at least a week's growth of beard, a comfortable bed, complete with sheets, and last but not least a cigarette, proved to them that they really were at last freed from captivity and, as many of them said, in a 'home away from home'.

For the first two or three days they did little else but eat and sleep, but as they became more rested a more normal buzz of conversation was heard in the wards. Their morale was excellent and most of them recovered fairly quickly.

On arrival in hospital each patient was presented with a **Red Cross** ditty-bag, containing a note of welcome from the New Zealand **Red Cross**, and all the things he needed in the way of toilet articles, cigarettes, etc. The men were extremely independent and hard to keep in bed unless very ill. They had learned to look after themselves in the stalags and found it difficult to relax whilst someone else attended to them.

Malnutrition brought many digestive upsets in its train, and the patients had to be very carefully dieted and were put on high protein and low carbohydrate meals. This presented difficulties, as whilst in prison camp they had dreamed of lots of cake, chocolate, biscuits, and all the sweet things that had been deprived them for so long. All their food parcels were held for them until they recovered their powers of digestion.

Some of the staff were in **London** for VE Day. Six weeks after the hospital was opened, reinforcements to the staff arrived from **Italy**, and by June a reduced number of patients and the larger staff enabled the hospital to settle to a smoother and less strained routine. Some of the patients were sent to New Zealand by hospital ship, while others were discharged to return home with the normal repatriation drafts after they had had leave. On 9 October the hospital at **Haine** was closed, though a small hospital was run at **Folkestone** for three months to care for men who had become ill while on leave in the **United Kingdom**.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## CHAPTER 21 – CLOSING DAYS

## CHAPTER 21

### CLOSING DAYS

IT was hard to believe that it was all over. But as the days passed and no more battle casualties arrived at the medical units, the staffs began to realise that their work was nearing an end. The cease fire did not mean cease duties for the medical units: there were still the sick and accidentally injured to be treated. But never again would ambulance cars from forward units line up at the reception tent. No more would the pre-operative ward be full of wounded soldiers waiting for operation and the freedom from pain that only anæsthetic could bring. No longer would the surgeons spend tiring days and nights in the theatres removing splinters and bullets, setting fractures, or amputating limbs. When the full significance of all this was realised, it was accompanied by a sense of relief and a deep feeling of satisfaction in services unfailingly rendered to comrades in need. Thanksgiving services in the units added a final spiritual touch.

Relaxation was a natural consequence, and the consistently fine weather in May and June helped to promote it. There were cricket matches, swimming parties, and sports meetings. At a divisional regatta the men of A Company, 5 Field Ambulance, distinguished themselves by winning two races in a German reconnaissance boat they had salvaged. At a trotting meeting in **Trieste** crowds of troops watched some keen finishes as New Zealanders drove Italian horses in the Sangro Stakes, **Cassino** and **Florence** Handicaps, **Rimini**, **Faenza** and **Senio** Stakes, and **Trieste** and New Zealand Handicaps. There were frequent picture shows and opera performances.

Men went on leave to **Venice**, on organised tours of Northern Italy to Milan and the Lakes, and on unofficial trips into **Austria**.

**Venice** was second only to **Rome** in the interest it held. Both cities had been spared the ravages of war and all civilian amenities were intact, while both had a wealth of historical interest. As in **Rome**, the

**New Zealanders had a club in a lavish hotel—Hotel Danieli—which was luxuriously furnished. Only a proportion of the men was able to stay here, but leave camps, including that run at Alberoni on the Lido island by 5 Field Ambulance, catered for all the Division.**

**New Zealanders cruised along the canals or lagoons in gondolas. They saw the San Marco church with its gold mosaics, the Palace of the Doges, the Bridge of Sighs, the pigeons in Saint Mark's Square, surveyed the city from the top of the Campanile, crossed to the Lido, the famous millionaires' playground, which had lost much of its magnificence.**

**After the novelty of riding in gondolas had worn off, the men discovered that **Venice**, as in its heyday of the fourteenth century, was a centre of commercial activity. The universal currency in **Italy**, cigarettes, was here to a certain extent supplanted by chocolate. This commodity, replacing the golden ducats of bygone ages, became the 'open sesame' to many transactions. Silk, lace, glass mosaics, and other fancied goods, cheap after the liberation of the city, rose sharply in price within a few weeks. These souvenirs for their folks at home, the men hoped soon to be able to present in person.**

### ***At the Hospitals***

**In the summer months the staffs of the hospitals found conditions easier as the number of patients decreased, especially after battle casualties had been discharged or invalided to New Zealand. They, too, could have more leave and recreation. In Italy swimming at the beaches was popular, but most of the members of the units were keen to see **Rome, Florence, and Venice** before they set their faces towards home, and many had the opportunity to do so. Back in Egypt the staff of **2 General Hospital** found the heat very trying at first, but it was comforting to think that the next winter would not be spent in **Italy**, and that all might arrive home in time for New Zealand's summer.**

**As the 6th and 7th Reinforcements were farewelled by their units, there were many staff changes and promotions. Important promotions**

after the end of the war in **Europe** were those of Brig Gower to succeed Brig Kenrick as DMS **2 NZEF**, Miss Chisholm as Principal Matron after Miss Mackay, and Miss Robertson <sup>1</sup> as Commander of **WAAC** after Miss King. Col Caughey became CO 3 General Hospital, and Miss MacKinnon <sup>2</sup> Matron of 1 General Hospital. Later, Col Edmundson became DDMS **2 NZEF** and Miss MacKinnon Principal Matron.

### *Move to Lake Trasimene*

In the third week of July the Division moved in ten flights from the **Trieste** area to the shores of **Lake Trasimene** in central **Italy**. The convoys passed through **Trieste** for the last time and wound on around the coast road, high above the lovely blue waters of the gulf. Some of the trucks made ominously hard work of the pull up the hill near **Miramare**. The medical units' transport was now very old and unreliable. The two-wheel-drive ambulance cars were still in fair order; but the trucks that had carried such heavy loads over thousands of miles, and the four-wheel-drive ambulance cars that had received such a thrashing in the forward areas during every battle had almost finished their useful life.

Crowds of Italians gathered at the **Monfalcone** factory road fork to watch the columns pass. Day after day the line of vehicles unwound from the areas around **Trieste** and streamed southward across the **Isonzo**, the **Tagliamento**, the **Piave**, and numerous smaller streams to the staging area at **Mestre**. Most of the men availed themselves of the showers at the old rest camp in the aluminium factory, and made for **Venice** without waiting for the evening meal.

The Division was extended over 450 miles as the convoys moved out from the staging areas each morning. From **Mestre** the route was the main highway through **Padua**, **Rovigo**, and **Ferrara** to **Bologna**. The **Po** was crossed with considerably less trouble than on the upward trip. **Bologna** was flooded and the streets awash. For many it was the first view of the battered city, and the wrecked buildings and streets deep in water made it a depressing sight. The staging area was in a sodden field

some distance out of the town. Natural depressions and the ruts made by earlier convoys were full of water, and the first few unwary trucks became hopelessly bogged. Others sought firmer spots and made themselves fairly safe for the night.

Route 9 was now carrying a staggering volume of both military and civilian traffic. The old winter line at battered Castel Bolognese was passed, and the convoys circled around the outskirts of **Forli** and settled down on the very familiar road to **Rimini**. Italian workmen were rebuilding the many destroyed bridges; the bridge over the Montone River was already restored. After a halt for lunch in a seaside area at **Fano** the journey was continued, units making their sixth trip along Route 76 through **Iesi** and the Red Pass, where the Howe bridge was still standing, and on over the dusty, up-and-down road of the Esino Gorge to **Fabriano** and the **Santa Maria** staging area below the town.

The next stage was the formidable **Fabriano** Pass over the **Apennines**. The convulsed tangle of a road was dusty, and the long, merciless slog soon began to take its toll of vehicles. Trucks halted with radiators boiling long before the summit was reached. On the other side Umbria was looking fresh and green, and the convoys held to a comfortable speed that allowed the men to enjoy the countryside. From the high country approaching **Perugia** the scene was beautiful. The farming country was so rich in the bursting green of trees and crops that it resembled thick emerald velvet. Somewhere in the midst of it the upper reaches of the Tiber and its tributaries flowed, hidden by the trees. Thin wreaths of smoke appeared as silver threads against the green and merged into a faint haze in the farther distance.

Then the Division swung south near Magione, on Route 75, to run down to the concentration area on the southern shores of **Lake Trasimene**. The concentration area was a stretch of light, sandy soil in a district suffering from an intense drought that made living conditions far from pleasant. No rain had fallen for five months, and every puff of wind drove clouds of dust through the scattering of stunted oaks under

which the bivouac tents were clustered. It was quite unnecessary to warn troops against swimming in the vicinity of the towns and villages, whose sewage effluents were discharged into the lake. The lake level was low and the water thick and repulsive.

The high wind and the dust and oppressive heat were reminiscent of **Amiriya** at its worst. High winds seemed to be a climatic feature of the region. Each day the sultry heat haze of the morning would suddenly let go in a screaming gale of almost cyclonic proportions. On 8 August, after an evening lull, the storm raged on throughout the night, culminating in a terrific electrical storm at dawn.

The disbandment of 4 Field Ambulance was announced on the 9th, and the unit held a wind-up dinner five days later. The 8th Reinforcements had already left and the remnant of 4 Field Ambulance was absorbed by other units.

Rumours regarding the future of the Division were shaken and curiosity intensified by news that reached the units during the afternoon of the 10th. **Japan** had indicated a willingness to surrender. All ranks eagerly awaited a definite statement, and on the morning of the 15th it came: the Japanese had surrendered unconditionally. There were mild celebrations.

That day 6 Field Ambulance moved to **Mondolfo**, on the Adriatic coast just north of **Senigallia**, where rest camps provided some relief from the trying conditions at **Lake Trasimene**. To 6 Field Ambulance's rest camp came parties from 5 Field Ambulance, which was running an MDS for sick in the Lake area, and sending patients to 1 Mobile CCS at **Assisi**. Then there was a period of stagnation. The weeks went by, and most of the men, whatever their reinforcement, wistfully concentrated their thoughts on the chances of being home before Christmas.

In the last week of September the 9th Reinforcements left for Southern Italy on their way home. Winter was approaching, and at **Mondolfo** the month faded out in miserable weather. The battalion leave

**camps had all vanished from the inland slopes, but the 6 MDS canvas flapped in the high wind as the men slogged through the mud and suffered the rain that drove in from the Adriatic.**

## *Disbandment*

**Disquieting rumours about a move to winter quarters in the north seeped down—first the Division was going to the **Siena** area, and later this was changed to **Florence**. On the last day of September A Company, 6 Field Ambulance, moved to **Florence** with 9 Brigade. Then the company handed in its equipment and ceased to exist, its men being dispersed to other units, including a new unit, 4 Rest Home, for which two villas on the Via Torre del Gallo were taken over. The CCS moved to **Florence** too, and there in October the unit became 6 General Hospital under Lt-Col Bridge. The 4 Field Hygiene Section had many duties in **Florence** until December, when it merged into the Hygiene Section for the force going to **Japan**.**

**As they were in the process of winding up, 5 and 6 Field Ambulances did not go to **Florence**. For them there was a brief, busy period of greasing, wrapping, ticketing, and packing medical equipment. Break-up functions brightened things up temporarily. At 6 Field Ambulance's farewell evening on 6 October, Lt-Col Edmundson briefly traced the history of the unit over its life of five years, and thanked members for the unsparing service they had given. Two days later Col Edmundson was appointed DDMS 2 NZEF, and the day after the medical equipment was despatched to the **Medical Stores Depot, Bari**, and the few remaining men posted to other medical units. Six men were detailed to man medical posts at staging camps along the route through **France** for those fortunate enough to be given a chance to see the **United Kingdom** before they returned to New Zealand. The final Letter of Disbandment was sent to the Senior Medical Officer 2 NZ Division, Lt-Col **Pearse**,<sup>3</sup> and 6 Field Ambulance's long life with the Division was brought to a close.**

**In the final operational report of 5 Field Ambulance, the commanding officer ( **Lt-Col D. P. Kennedy**) placed on record an**



appreciation of the work of officers and men, both **NZMC** and **NZASC**, whose work and, in some instances, whose lives had built the unit. Tribute was paid to the pleasant co-operation with units of the Division and other Allied forces. One of the basic functions of the medical services was the collection, treatment, and evacuation of sick and wounded. For this **5 Field Ambulance** was mobilised, and it was felt that, at the conclusion of its duty, the unit had sincerely endeavoured to do this. The success which was achieved was a tribute to the officers and men who had served with **5 Field Ambulance**.

All this was equally true of the other field medical units. In a farewell message to all ranks of **2 NZEF**, the **Eighth Army** Commander, **Lt-Gen R. L. McCreery**, had said:

‘Now that the time has come for the **Eighth Army** to disperse. I want to thank and congratulate all ranks of the **2nd New Zealand Expeditionary Force** on the splendid contribution you have made to victory.... Your Division has played its part with the greatest distinction, and your splendid fighting qualities have achieved successes that have often been decisive to the operations of the Army as a whole.... You leave the **Eighth Army** with the affection and the good wishes of all who have fought with you through the long and arduous campaigns of the past four years. We shall miss you much. Good luck to you all.’

At **Senigallia** **1 General Hospital** was the first of the three hospitals to close down—on 3 November. At **Helwan** **2 General Hospital** (with **Lt-Col Owen-Johnston** as CO and **Miss C. M. Lucas**<sup>4</sup> as Matron) closely followed when its operations ended on 22 November, but at **Bari** **3 General Hospital** continued until 9 January 1946. **Miss M. J. Jackson**<sup>5</sup> had succeeded her twin sister as Matron, and **Lt-Col C. R. Burns**<sup>6</sup> became CO after **Col Caughey**. At **San Spirito** the Convalescent Depot functioned until January.

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There were very few members of **2 NZEF** who were not patients in at least one of the hospitals at some time or other, and many made the acquaintance of all the hospitals. They could all testify to the efficient service always given, and those who made up the staffs of the hospital units have good reason to be proud of their records.

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To England, Egypt, **Greece**, **Crete**, **Western Desert**, **Palestine**, **Syria**, **Tripolitania**, and **Italy** went the hospitals. On their different sites, by careful planning coupled sometimes with rapid improvisation, they were able to meet all the problems of caring for the sick and wounded. Whatever New Zealand hospital they were in, whatever the location, whatever the accommodation and whatever the season, patients always felt that they were receiving the best of attention possible in the circumstances, and for their part, by their cheery co-operation, they gave every encouragement to the staffs of the hospitals in their service for the sick and wounded.

What of the future? Men may ask,  
What of the future? What of the task  
For you who served in these dark years?  
Fear not—let faith o'ercome your fears.

**But rest not! There's a task to do,  
A mighty task for all of you,  
For when you've ended strife for gain,  
The world is yours—to build again. <sup>8</sup>**

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<sup>1</sup> **Jnr Cmdr Miss S. J. Robertson, m.i.d.; born [Auckland](#), 27 Sep 1909; [Auckland](#); NZ WAAC 1942-45; OC NZ WAAC (Med Div) Mar-Oct 1945.**

<sup>2</sup> **Matron Miss I. MacKinnon, m.i.d.; born NZ 14 Jul 1909; Sister, [Palmerston North](#); Sister, First Echelon; 2 Gen Hosp Jul 1940-Nov 1941; 1 Gen Hosp Nov 1941-Jun 1943; Charge Sister 2 Gen Hosp Jun 1943-Jun 1945; Matron 1 Gen Hosp Jun-Oct 1945; Matron 6 Gen Hosp Oct-Dec 1945; Principal Matron Dec 1945-Jan 1946.**

<sup>3</sup> **Lt-Col [V. T. Pearse](#), MC, m.i.d.; born NZ, 12 Nov 1913; Medical Practitioner, Dunedin Hospital; Medical Officer Maadi Camp Nov 1941-Jun 1942; 6 Fd Amb Jun-Oct 1942; RMO 25 Bn Feb 1943-Jul 1944; DADMS 2 NZ Div Nov 1944-Oct 1945; SMO 2 NZ Div Oct-Dec 1945.**

<sup>4</sup> **Matron Miss C. M. Lucas, m.i.d.; born Dunedin, 12 Mar 1905; Sister, Ashburton Hospital; Sister, First Echelon; 1 Gen Hosp Oct 1940-Dec 1942; Charge Sister 2 Gen Hosp Jun 1943-Sep 1945; Matron 2 Gen Hosp Sep-Nov 1945.**

<sup>5</sup> **Matron Miss M. J. Jackson, ARRC; born [Auckland](#), 11 Jan 1900; Sister, Auckland Hospital; Sister 3 Gen Hosp Jan 1941-Mar 1943; Charge Sister, 1 Mob CCS Mar 1943-Jul 1944; Matron 5 Gen Hosp Jul 1944-Jul 1945; Matron 3 Gen Hosp Aug-Dec 1945.**

<sup>6</sup> **Lt-Col [C. R. Burns](#), OBE; born [Blenheim](#), 27 May 1898; Physician, [Wellington](#); Medical Officer 1 Mob CCS Feb-May 1945; 1 Gen Hosp May-Oct 1945; in charge medical division 1 Gen Hosp Jul-Oct 1945; CO 3 Gen Hosp Oct 1945-Jan 1946; SMO J Force and CO 6 Gen Hosp May 1946-May 1947.**

<sup>7</sup> **Lt-Col G. F. V. Anson, OBE; born Wellington, 22 Nov 1892; Anaesthetist, Wellington; Surgeon, Royal Navy 1917-18; wounded 1917; Medical Officer 2 Gen Hosp Aug 1940-Feb 1942; SMO Maadi Camp Feb 1942-Sep 1943; OC British Troops NMHS Oranje Sep 1943-Aug 1945.**

<sup>8</sup> **By Sgt A. C. Drake, 3 Gen Hosp; born NZ, 1 Dec 1913; farmer, Berwick.**

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [SECTION]

IT was hard to believe that it was all over. But as the days passed and no more battle casualties arrived at the medical units, the staffs began to realise that their work was nearing an end. The cease fire did not mean cease duties for the medical units: there were still the sick and accidentally injured to be treated. But never again would ambulance cars from forward units line up at the reception tent. No more would the pre-operative ward be full of wounded soldiers waiting for operation and the freedom from pain that only anæsthetic could bring. No longer would the surgeons spend tiring days and nights in the theatres removing splinters and bullets, setting fractures, or amputating limbs. When the full significance of all this was realised, it was accompanied by a sense of relief and a deep feeling of satisfaction in services unfailingly rendered to comrades in need. Thanksgiving services in the units added a final spiritual touch.

Relaxation was a natural consequence, and the consistently fine weather in May and June helped to promote it. There were cricket matches, swimming parties, and sports meetings. At a divisional regatta the men of A Company, 5 Field Ambulance, distinguished themselves by winning two races in a German reconnaissance boat they had salvaged. At a trotting meeting in **Trieste** crowds of troops watched some keen finishes as New Zealanders drove Italian horses in the Sangro Stakes, **Cassino** and **Florence** Handicaps, **Rimini**, **Faenza** and **Senio** Stakes, and **Trieste** and New Zealand Handicaps. There were frequent picture shows and opera performances.

Men went on leave to **Venice**, on organised tours of Northern Italy to Milan and the Lakes, and on unofficial trips into **Austria**.

**Venice** was second only to **Rome** in the interest it held. Both cities had been spared the ravages of war and all civilian amenities were intact, while both had a wealth of historical interest. As in **Rome**, the

**New Zealanders had a club in a lavish hotel—Hotel Danieli—which was luxuriously furnished. Only a proportion of the men was able to stay here, but leave camps, including that run at Alberoni on the Lido island by 5 Field Ambulance, catered for all the Division.**

**New Zealanders cruised along the canals or lagoons in gondolas. They saw the San Marco church with its gold mosaics, the Palace of the Doges, the Bridge of Sighs, the pigeons in Saint Mark's Square, surveyed the city from the top of the Campanile, crossed to the Lido, the famous millionaires' playground, which had lost much of its magnificence.**

**After the novelty of riding in gondolas had worn off, the men discovered that **Venice**, as in its heyday of the fourteenth century, was a centre of commercial activity. The universal currency in **Italy**, cigarettes, was here to a certain extent supplanted by chocolate. This commodity, replacing the golden ducats of bygone ages, became the 'open sesame' to many transactions. Silk, lace, glass mosaics, and other fancied goods, cheap after the liberation of the city, rose sharply in price within a few weeks. These souvenirs for their folks at home, the men hoped soon to be able to present in person.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## AT THE HOSPITALS

### *At the Hospitals*

In the summer months the staffs of the hospitals found conditions easier as the number of patients decreased, especially after battle casualties had been discharged or invalided to New Zealand. They, too, could have more leave and recreation. In Italy swimming at the beaches was popular, but most of the members of the units were keen to see **Rome, Florence, and Venice** before they set their faces towards home, and many had the opportunity to do so. Back in Egypt the staff of **2 General Hospital** found the heat very trying at first, but it was comforting to think that the next winter would not be spent in **Italy**, and that all might arrive home in time for New Zealand's summer.

As the 6th and 7th Reinforcements were farewelled by their units, there were many staff changes and promotions. Important promotions after the end of the war in **Europe** were those of Brig Gower to succeed Brig Kenrick as DMS **2 NZEF**, Miss Chisholm as Principal Matron after Miss Mackay, and Miss Robertson <sup>1</sup> as Commander of **WAAC** after Miss King. Col Caughey became CO **3 General Hospital**, and Miss MacKinnon <sup>2</sup> Matron of **1 General Hospital**. Later, Col Edmundson became DDMS **2 NZEF** and Miss MacKinnon Principal Matron.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MOVE TO LAKE TRASIMENE

### *Move to Lake Trasimene*

In the third week of July the Division moved in ten flights from the **Trieste** area to the shores of **Lake Trasimene** in central **Italy**. The convoys passed through **Trieste** for the last time and wound on around the coast road, high above the lovely blue waters of the gulf. Some of the trucks made ominously hard work of the pull up the hill near **Miramare**. The medical units' transport was now very old and unreliable. The two-wheel-drive ambulance cars were still in fair order; but the trucks that had carried such heavy loads over thousands of miles, and the four-wheel-drive ambulance cars that had received such a thrashing in the forward areas during every battle had almost finished their useful life.

Crowds of Italians gathered at the **Monfalcone** factory road fork to watch the columns pass. Day after day the line of vehicles unwound from the areas around **Trieste** and streamed southward across the **Isonzo**, the Tagliamento, the **Piave**, and numerous smaller streams to the staging area at **Mestre**. Most of the men availed themselves of the showers at the old rest camp in the aluminium factory, and made for **Venice** without waiting for the evening meal.

The Division was extended over 450 miles as the convoys moved out from the staging areas each morning. From **Mestre** the route was the main highway through **Padua**, **Rovigo**, and **Ferrara** to **Bologna**. The **Po** was crossed with considerably less trouble than on the upward trip. **Bologna** was flooded and the streets awash. For many it was the first view of the battered city, and the wrecked buildings and streets deep in water made it a depressing sight. The staging area was in a sodden field some distance out of the town. Natural depressions and the ruts made by earlier convoys were full of water, and the first few unwary trucks became hopelessly bogged. Others sought firmer spots and made



themselves fairly safe for the night.

Route 9 was now carrying a staggering volume of both military and civilian traffic. The old winter line at battered Castel Bolognese was passed, and the convoys circled around the outskirts of **Forli** and settled down on the very familiar road to **Rimini**. Italian workmen were rebuilding the many destroyed bridges; the bridge over the Montone River was already restored. After a halt for lunch in a seaside area at **Fano** the journey was continued, units making their sixth trip along Route 76 through **Iesi** and the Red Pass, where the Howe bridge was still standing, and on over the dusty, up-and-down road of the Esino Gorge to **Fabriano** and the **Santa Maria** staging area below the town.

The next stage was the formidable **Fabriano** Pass over the **Apennines**. The convulsed tangle of a road was dusty, and the long, merciless slog soon began to take its toll of vehicles. Trucks halted with radiators boiling long before the summit was reached. On the other side Umbria was looking fresh and green, and the convoys held to a comfortable speed that allowed the men to enjoy the countryside. From the high country approaching **Perugia** the scene was beautiful. The farming country was so rich in the bursting green of trees and crops that it resembled thick emerald velvet. Somewhere in the midst of it the upper reaches of the Tiber and its tributaries flowed, hidden by the trees. Thin wreaths of smoke appeared as silver threads against the green and merged into a faint haze in the farther distance.

Then the Division swung south near Magione, on Route 75, to run down to the concentration area on the southern shores of **Lake Trasimene**. The concentration area was a stretch of light, sandy soil in a district suffering from an intense drought that made living conditions far from pleasant. No rain had fallen for five months, and every puff of wind drove clouds of dust through the scattering of stunted oaks under which the bivouac tents were clustered. It was quite unnecessary to warn troops against swimming in the vicinity of the towns and villages, whose sewage effluents were discharged into the lake. The lake level was

low and the water thick and repulsive.

The high wind and the dust and oppressive heat were reminiscent of **Amiriya** at its worst. High winds seemed to be a climatic feature of the region. Each day the sultry heat haze of the morning would suddenly let go in a screaming gale of almost cyclonic proportions. On 8 August, after an evening lull, the storm raged on throughout the night, culminating in a terrific electrical storm at dawn.

The disbandment of 4 Field Ambulance was announced on the 9th, and the unit held a wind-up dinner five days later. The 8th Reinforcements had already left and the remnant of 4 Field Ambulance was absorbed by other units.

Rumours regarding the future of the Division were shaken and curiosity intensified by news that reached the units during the afternoon of the 10th. **Japan** had indicated a willingness to surrender. All ranks eagerly awaited a definite statement, and on the morning of the 15th it came: the Japanese had surrendered unconditionally. There were mild celebrations.

That day 6 Field Ambulance moved to **Mondolfo**, on the Adriatic coast just north of **Senigallia**, where rest camps provided some relief from the trying conditions at **Lake Trasimene**. To 6 Field Ambulance's rest camp came parties from 5 Field Ambulance, which was running an MDS for sick in the Lake area, and sending patients to 1 Mobile CCS at **Assisi**. Then there was a period of stagnation. The weeks went by, and most of the men, whatever their reinforcement, wistfully concentrated their thoughts on the chances of being home before Christmas.

In the last week of September the 9th Reinforcements left for Southern Italy on their way home. Winter was approaching, and at **Mondolfo** the month faded out in miserable weather. The battalion leave camps had all vanished from the inland slopes, but the 6 MDS canvas flapped in the high wind as the men slogged through the mud and suffered the rain that drove in from the Adriatic.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## DISBANDMENT

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Disquieting rumours about a move to winter quarters in the north seeped down—first the Division was going to the **Siena** area, and later this was changed to **Florence**. On the last day of September A Company, 6 Field Ambulance, moved to **Florence** with 9 Brigade. Then the company handed in its equipment and ceased to exist, its men being dispersed to other units, including a new unit, 4 Rest Home, for which two villas on the Via Torre del Gallo were taken over. The CCS moved to **Florence** too, and there in October the unit became 6 General Hospital under Lt-Col Bridge. The 4 Field Hygiene Section had many duties in **Florence** until December, when it merged into the Hygiene Section for the force going to **Japan**.

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In the final operational report of 5 Field Ambulance, the commanding officer ( **Lt-Col D. P. Kennedy**) placed on record an

appreciation of the work of officers and men, both **NZMC** and **NZASC**, whose work and, in some instances, whose lives had built the unit. Tribute was paid to the pleasant co-operation with units of the Division and other Allied forces. One of the basic functions of the medical services was the collection, treatment, and evacuation of sick and wounded. For this 5 Field Ambulance was mobilised, and it was felt that, at the conclusion of its duty, the unit had sincerely endeavoured to do this. The success which was achieved was a tribute to the officers and men who had served with 5 Field Ambulance.

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ROLL OF HONOUR

### ROLL OF HONOUR

#### 4 FIELD AMBULANCE

<b>Capt G. M. Foote</b>	<b>Killed in action</b>	<b>6 Mar 1943</b>
<b>Pte A. A. Adderson</b>	<b>Died of wounds</b>	<b>26 Apr 1941</b>
<b>Pte J. B. Baoumgren</b>	<b>Killed in action</b>	<b>5 Dec 1941</b>
<b>Pte K. W. Bradley</b>	<b>Died on active service</b>	<b>19 Nov 1944</b>
<b>Cpl E. W. Hall</b>	<b>Died of wounds</b>	<b>30 Nov 1941</b>
<b>Pte A. Hendery</b>	<b>Died of wounds</b>	<b>24 Sep 1944</b>
<b>Pte R. D. Holley</b>	<b>Killed in action</b>	<b>6 Mar 1943</b>
<b>Pte J. A. Johnston</b>	<b>Killed in action</b>	<b>5 Dec 1941</b>
<b>Pte G. W. Lee</b>	<b>Killed in action</b>	<b>5 Dec 1941</b>
<b>Pte N. J. McNamara</b>	<b>Killed in action</b>	<b>5 Dec 1941</b>
<b>Pte F. E. Spillane</b>	<b>Killed in action</b>	<b>27 Apr 1941</b>
<b>Pte V. White</b>	<b>Killed in action</b>	<b>30 Nov 1941</b>

#### 5 FIELD AMBULANCE

<b>Pte A. T. Brown</b>	<b>Died while prisoner of war</b>	<b>21 Aug 1941</b>
<b>Pte R. E. Dobbie</b>	<b>Died while prisoner of war</b>	<b>14 Jun 1941</b>
<b>Pte A. J. Lamb</b>	<b>Died while prisoner of war</b>	<b>20 Aug 1941</b>
<b>Pte R. G. Lambert</b>	<b>Killed in action</b>	<b>5 Dec 1941</b>
<b>Pte G. B. McLeod</b>	<b>Killed in action</b>	<b>27 Nov 1941</b>
<b>Pte J. Madden</b>	<b>Killed in action</b>	<b>5 Dec 1941</b>
<b>Pte P. R. Martin</b>	<b>Died on active service</b>	<b>28 Apr 1943</b>
<b>Pte E. P. Richardson</b>	<b>Died while prisoner of war</b>	<b>11 Nov 1942</b>
<b>L-Cpl E. G. Roscoe</b>	<b>Died of wounds</b>	<b>22 Mar 1944</b>
<b>Cpl L. Sturgess</b>	<b>Died of wounds</b>	<b>24 May 1941</b>

#### 6 FIELD AMBULANCE

<b>Lt-Col J. L. R. Plimmer</b>	<b>Killed in action</b>	<b>20 May 1941</b>
<b>Pte O. Amooore</b>	<b>Died of wounds</b>	<b>2 Jul 1942</b>
<b>Pte D. A. K. Baigent</b>	<b>Died of wounds</b>	<b>4 Dec 1943</b>
<b>Pte W. M. Beveridge</b>	<b>Died while prisoner of war</b>	<b>25 Nov 1941</b>
<b>L-Cpl G. W. Bristow</b>	<b>Killed in action</b>	<b>24 May 1941</b>
<b>Pte H. E. Clay</b>	<b>Killed in action</b>	<b>20 May 1941</b>



<b>Pte B. D. Connolly</b>	<b>Killed in action</b>	<b>24 Oct 1942</b>
<b>Pte J. R. Gambrill</b>	<b>Died while prisoner of war</b>	<b>10 May 1943</b>
<b>Cpl L. Gollan</b>	<b>Died while prisoner of war</b>	<b>10 Mar 1945</b>
<b>Pte B. Hakaraia</b>	<b>Died on active service</b>	<b>14 Apr 1943</b>
<b>Pte D. L. Jones</b>	<b>Died on active service</b>	<b>18 Aug 1942</b>
<b>Pte A. G. McKenzie</b>	<b>Died on active service</b>	<b>23 May 1944</b>
<b>Pte I. H. MacPherson</b>	<b>Died while prisoner of war</b>	<b>14 Sep 1941</b>
<b>Pte H. I. Miller</b>	<b>Died while prisoner of war</b>	<b>29 Aug 1941</b>
<b>Pte J. P. Stevens</b>	<b>Died of wounds</b>	<b>28 May 1941</b>
<b>Pte P. Symons</b>	<b>Died while prisoner of war</b>	<b>3 May 1945</b>
<b>Pte D. D. Tuffley</b>	<b>Died while prisoner of war</b>	<b>14 Aug 1943</b>
<b>Pte L. Wall</b>	<b>Killed in action</b>	<b>20 May 1941</b>
<b>Pte J. M. Ward</b>	<b>Killed in action</b>	<b>21 May 1941</b>
<b>Pte L. A. Watson</b>	<b>Killed in action</b>	<b>24 May 1941</b>
<b>Pte G. O. Williams</b>	<b>Died while prisoner of war</b>	<b>14 Aug 1943</b>
<b>Pte J. J. Williams</b>	<b>Died on active service</b>	<b>18 Oct 1940</b>
<b>Pte L. P. Woodman</b>	<b>Died on active service</b>	<b>30 Jan 1944</b>

#### **ADMS 2 NZ DIVISION STAFF**

**Pte R. R. Kelman Killed in action 5 Dec 1941**

#### **1 CASUALTY CLEARING STATION**

**Pte G. C. O'Connor Died on active service 23 May 1942**

**L-Cpl G. H. Pate Killed in action 21 Mar 1943**

#### **1 GENERAL HOSPITAL**

<b>S-Sgt F. Archer</b>	<b>Died on active service</b>	<b>13 Aug 1945</b>
<b>Pte K. Chapman</b>	<b>Killed in action</b>	<b>18 May 1941</b>
<b>S-Sgt C. W. Frazerhurst</b>	<b>Died while prisoner of war</b>	<b>10 Mar 1945</b>
<b>Pte E. H. Haythorne</b>	<b>Died while prisoner of war</b>	<b>8 Mar 1945</b>
<b>Pte T. Morris</b>	<b>Killed in action</b>	<b>27 Apr 1941</b>
<b>Sgt M. D. Petersen</b>	<b>Died on active service</b>	<b>29 May 1940</b>
<b>Pte L. A. O. Shilling</b>	<b>Died while prisoner of war</b>	<b>9 Aug 1943</b>
<b>Pte A. E. Smith</b>	<b>Died while prisoner of war</b>	<b>7 Oct 1942</b>
<b>Pte T. A. Tocker</b>	<b>Died while prisoner of war</b>	<b>9 Apr 1945</b>
<b>Pte S. E. Wolfenden</b>	<b>Died while prisoner of war</b>	<b>21 Aug 1941</b>
<b>Pte I. T. York</b>	<b>Died on active service</b>	<b>9 Jul 1943</b>

#### **2 GENERAL HOSPITAL**

**Col F. M. Spencer Died on active service 12 Jun 1943**

**Capt L. Douglas Killed in action 27 Apr 1941**

**Cpl S. R. W. Bomford** Died on active service 21 Oct 1943

**Pte L. A. Robertson** Died on active service 23 Feb 1941

**3 GENERAL HOSPITAL**

**Pte R. J. Tomlin** Died on active service 2 May 1943

**5 GENERAL HOSPITAL**

**Maj D. P. O'Brien** Died on active service 29 Apr 1945

**1 CONVALESCENT DEPOT**

**Pte A. W. McSkimming** Died on active service 1 Nov 1942

**Pte A. A. Russell** Died on active service 17 Jan 1941

**1 CAMP HOSPITAL**

**Lt J. W. Newlands** Killed in action 27 Apr 1941

**Pte A. S. Anderson** Died on active service 14 Feb 1943

**L-Cpl A. P. M. Crothers** Killed in action 27 Apr 1941

**Cpl L. J. Rail** Died on active service 2 Sep 1942

**Pte R. M. Theobald** Killed in action 27 Apr 1941

**Pte W. D. Tomlinson** Killed in action 27 Apr 1941

*Attached to other units—*

**Brig P. A. Ardagh** Died on active service 6 Apr 1944

**DDMS 30 Corps**

**Capt W. N. Campbell** Died on active service 4 Mar 1943

**RMO Arty Trg Depot**

**Capt R. L. M. Gilmour** Killed in action 30 Nov 1941

**RMO 20 Bn**

**NZANS**

**Sister A. M. Buckley** Died on active service 24 Apr 1944

**Sister A. S. Crampton** Died on active service 20 May 1944

**NZ WAAC**

**Nurse F. Anderson** Died on active service 19 Apr 1942

**Nurse M. R. Burns** Died on active service 13 Mar 1945

**Nurse M. Greenfield** Died on active service 7 Oct 1945

**Nurse M. Innes** Died on active service 21 Oct 1943

**Nurse M. E. I. Innes** Died on active service 7 Oct 1945

**Nurse K. M. Joughin** Died on active service 28 Nov 1943

**Nurse M. O. McAnulty** Died on active service 21 Oct 1943

**Nurse P. A. Morrissey** Died on active service 21 Oct 1943

**Nurse M. J. Mortlock** Died on active service 7 Oct 1945

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HONOURS AND AWARDS

### *HONOURS AND AWARDS*

#### **CB**

**Brig H. S. Kenrick**

**Brig K. MacCormick**

#### **CBE**

**Brig P. A. Ardagh**

**Brig H. S. Kenrick**

**Brig K. MacCormick**

**Col J. R. Boyd**

**Col H. K. Christie**

**Col G. W. Gower**

**Col R. D. King**

**Col T. D. M. Stout**

#### **DSO**

**Lt-Col J. M. Twigg**

**Maj R. D. King**

**Maj S. L. Wilson**

**Capt S. B. Thompson**

#### **OBE**

**Col J. D. Cottrell**

**Col R. A. Elliott**

**Col W. B. Fisher**

**Col D. G. Radcliffe**

**Col F. M. Spencer**

**Lt-Col G. F. V. Anson**

**Lt-Col F. O. Bennett**

**Lt-Col K. B. Bridge**

**Lt-Col W. H. B. Bull**

**Lt-Col E. L. Button**

**Lt-Col A. G. Clark**

**Lt-Col J. M. Coutts**

**Lt-Col F. B. Edmundson**

**Lt-Col J. K. Elliott**

**Lt-Col W. Hawksworth**

**Lt-Col L. J. Hunter**

**Lt-Col G. R. Kirk**

**Maj T. W. Harrison**

**Maj G. H. Thomson**

**Maj H. S. Douglas**

**Capt J. Borrie**

**Capt W. E. Henley**

**Capt H. M. Foreman**

**Capt O. S. Hetherington**

**Capt R. F. Moody**

**Capt E. Stevenson-Wright**

**Capt J. B. Austin (QM)**

**Capt G. H. Broom (QM)**

**Lt J. B. Cowan (QM)**

**Lt J. H. Skinner (QM)**

**Lt A. T. Watson (QM)**

**WO I R. W. Cawthorn**

**WO II H. S. King**

**MC**

**Capt A. W. H. Borrie**

**Capt W. R. Carswell**

**Capt A. L. Bryant**

**Capt C. N. D'Arcy**

**Capt I. H. Fletcher**

**Capt A. L. Lomas**

**Capt L. C. McCarthy**

**Capt V. T. Pearse**

**Capt J. M. Staveley**

**Capt A. M. Rutherford (and Bar)**

**Capt R. A. Wilson**

**DCM**

**Pte E. L. Baty**

**S-Sgt J. C. Henley**

**MM**

**S-Sgt J. N. Ashworth**

**S-Sgt H. W. Burley**

**Sgt R. A. Hooper**

**L-Cpl C. Munro**

**S-Sgt J. L. Nicholas**

**Pte M. H. Wells**

**BEM**

**Pte R. C. Blacklock**

**Sgt R. Brow**

**Pte J. Butler**

**Sgt R. N. Clucas**

**Pte J. P. C. Collett**

**Sgt R. R. Hollinger**

**Sgt G. L. Jackson**

**Sgt G. H. Justice**

**S-Sgt C. Lemon**

**Sgt H. W. Lucas**

**Sgt R. F. L. McAlpine**

**S-Sgt G. J. McKandry**

**S-Sgt G. C. Marshall**

**Sgt R. C. Nicholls**

**S-Sgt R. Rae**

**S-Sgt J. V. Smail**

**Cpl E. J. Wilkinson**

***Greek Military Cross***

**Col H. S. Kenrick**

***Greek Silver Cross***

**Maj G. B. Palmer**

***Mentioned in Despatches***

**Brig P. A. Ardagh (2)**

**Brig G. W. Gower**

**Brig H. S. Kenrick**

**Brig J. M. Twigg**

**Col J. R. Boyd**

**Col J. E. Caughey**

**Col R. A. Elliott**

**Col W. B. Fisher**

**Col R. D. King**

**Col A. C. McKillop**

**Col F. M. Spencer**

**Col T. D. M. Stout**

**Lt-Col J. M. Clarke**

**Lt-Col J. M. Coutts**

**Lt-Col F. B. Edmundson**

**Lt-Col F. P. Furkert**

**Lt-Col W. Hawksworth**

**Lt-Col L. J. Hunter**

**Lt-Col D. P. Kennedy**

**Lt-Col G. R. Kirk**

**Lt-Col A. L. de B. Noakes**

**Lt-Col J. Russell**

**Lt-Col A. A. Tennent**

**Maj N. C. Begg**

**Maj W. M. Brown**



**Maj A. L. Bryant**

**Maj W. R. Carswell**

**Maj C. N. D'Arcy (2)**

**Maj R. H. Dawson**

**Maj J. Dempsey**

**Maj E. W. Duncan**

**Maj M. R. Fitchett**

**Maj H. W. Fitzgerald**

**Maj G. F. Hall**

**Maj T. W. Harrison**

**Maj B. T. W. Irwin**

**Maj T. H. Jagusch**

**Maj H. T. Knights**

**Maj A. L. Lomas (2)**

**Maj S. G. de Clive Lowe**

**Maj T. J. MacCormac**

**Maj T. A. Macfarlane**

**Maj G. B. Palmer**

**Maj G. L. M. Scholefield**

**Maj C. C. Ring**

**Maj H. A. A. Stevely**

**Maj A. W. Sutherland (2)**

**Maj J. M. Watt**

**Maj E. E. Willoughby**

**Maj N. H. Wilson**

**Maj J. L. Wright**

**Capt C. H. Baird**

**Capt D. A. Ballantyne (2)**

**Capt R. B. Beattie**

**Capt G. C. T. Burns**

**Capt D. C. Campbell**

**Capt C. P. M. Feltham**

**Capt G. M. Foote**

**Capt W. G. Gray**

**Capt G. H. Levien**

**Capt W. B. de L. Lusk (2)**

**Capt R. F. Moody**

**Capt W. A. D. Nelson**

**Capt J. J. G. Peddie**

**Capt V. T. Pearse**

**Capt R. S. Stewart**

**Capt J. M. Tyler**

**Capt W. G. Volckman**

**Capt G. Williams**

## **Quartermasters**

**Capt A. E. Bond**

**Capt R. S. H. Brown**

**Capt G. Peek**

**Lt A. T. Calder**

**Lt J. B. Cowan**

**Lt G. M. Davis**

**Lt K. W. Gemmell**

**Lt W. F. Green**

**Lt J. G. Laurenson**

**Lt H. Taylor**

**Lt E. St. H. Thompson**

**Lt E. W. Wyllie**

**2 Lt H. Eagle**

**2 Lt A. J. Robson**

## ***Mentioned in Despatches***

**Sgt E. V. Ackroyd (2)**

**WO II R. L. G. Aker**

**Sgt H. R. Allan**

**S-Sgt G. P. Anderson**

**Pte J. C. Andrew**

**L-Sgt R. W. Andrews**

**Sgt C. A. Ashby**

**Sgt J. N. Ashworth**

**WO II A. C. Baker**

**Cpl C. Barker**

**Cpl D. R. Barlass**

**WO II E. O. Barns**

**S-Sgt E. N. Bartlett**

**WO II R. E. K. Barton (2)**

**S-Sgt W. A. Bayliss**

**S-Sgt J. B. Beirne (2)**

**WO I H. O. W. Bennett (2)**

**WO II H. C. Bethune**

**S-Sgt J. M. Black**

**Cpl P. H. Bolland**

**Pte C. D. Bowman**

**WO I C. J. D. Brain**

**Cpl F. G. Bryant**

**Sgt R. J. Burke**

**WO I H. W. Burley**

**Sgt F. R. Caldwell**

**Pte K. McI. Cameron**

**S-Sgt A. J. B. Canning**

**Pte A. V. Carswell (2)**

**L-Cpl T. A. Chalmers**

**WO II P. L. Claridge**

**Sgt W. R. Clark**

**Sgt E. R. Coxon**

**Pte A. D. Dale**

**Cpl A. D. Decke**

**Pte T. A. Duncan**

**Cpl V. H. Dyhrberg**

**WO I K. Falloon**

**L-Cpl J. D. Fowler**

**Pte L. R. G. Franks**

**Sgt J. M. Fraser**

**S-Sgt C. W. Frazerhurst**

**Sgt R. C. Gallop**

**Sgt E. B. Gilberd**

**WO I A. F. Gilkison**

**Sgt K. D. Given**

**Pte C. D. Gordon**

**Cpl B. A. Greenslade**

**Cpl C. W. Grey (2)**

**L-Cpl A. T. Hall**

**Pte R. J. S. Hall**

**Pte L. J. Hedditch**

**S-Sgt I. H. Hill**

**Sgt J. H. Hobday**

**Pte L. R. Hoddinott**

**Sgt O. E. Hodges**

**Sgt W. T. Hoffman**

**Sgt R. R. Hollinger**

**Cpl R. H. Hook**

**Pte H. R. Hooker**

**WO II R. D. Hooper**

**Pte B. Horniblow**

**Cpl L. M. Hunt**

**Sgt T. F. Imeson**

**WO II D. G. Inniss**

**Sgt G. R. Ireland**

**Sgt J. G. James**

**Cpl M. James**

**S-Sgt H. B. Johnson**

**L-Cpl G. H. Justice**

**Sgt T. E. Lang**

**Sgt M. Lazarus**

**L-Sgt C. Lemon**

**Pte A. A. Lewthwaite**

**WO II T. M. McCauley**

**Cpl J. B. MacFarlane**

**Pte T. McGregor**

**Sgt G. J. McKandry**

**WO II J. McKee**

**Pte J. P. McKenzie**

**WO II J. B. McKinney**

**WO II M. McLachlan**

**Pte J. P. McLeod**

**Sgt G. W. Milne**

**Sgt L. M. Mercer**

**L-Cpl A. J. Moore**

**Cpl N. G. Moores**

**Sgt R. W. Morgan**

**Pte G. D. Morris**

**Cpl J. W. Murray**

***Mentioned in Despatches (continued)***

**Cpl J. S. Nimmo**

**Pte H. G. Norris**

**WO II W. P. Notley**

**Pte G. H. Osborne**

**L-Cpl G. H. Pate**

**Sgt S. R. Penn**

**Cpl J. F. Prendergast**

**Cpl S. Redmond**

**WO II R. S. Rhind**

**WO II A. J. Robson**

**WO I W. J. Robbins**

**Sgt F. S. Roper**

**Pte W. J. W. Rosevear**

**L-Sgt D. W. Sampson**

**WO I J. C. Saunders**

**WO II W. H. Scully**

**Pte R Short**



**Pte F. H. Simon**

**WO II J. H. Skinner**

**WO I G. C. Smith**

**Sgt F. W. Smoothy**

**Pte R. J. Stephens**

**Sgt G. S. D. Stewart**

**Sgt T. D. Sweeney**

**Sgt J. W. A. Sykes**

**L-Cpl R. W. E. Taylor**

**Sgt C. C. Thompson (2)**

**Pte J. P. Thompson**

**Sgt V. Thompson**

**Cpl J. F. Thuell**

**Pte W. H. Tong**

**WO II J. S. Turner**

**Sgt H. W. Turvey**

**Cpl W. G. Veale**

**Sgt I. D. Wade**

**Sgt M. G. N. Watson**

**S-Sgt C. A. Webster**

**Pte J. P. Weir**

**L-Cpl N. H. P. Whit**

**L-Cpl E. J. Wilkinson**

**Sgt A. G. Willis**

**Pte A. M. Woodman**

**Sgt J. G. Woods**

**Cpl R. A. Woodward**

## ***NZANS***

### **OBE**

**Principal Matron E. C. Mackay**

### **MBE**

**Matron-in-Chief E. M. Nutsey**

### **RRC**

**Matron-in-Chief E. M. Nutsey**

**Matron D. I. Brown**

**Matron M. Chisholm**

**Matron M. Hennessy**

**Matron M. E. Jackson**

**Matron E. M. Lewis**

**Matron E. C. Mackay**

**Matron G. L. Thwaites**

### **ARRC**

**Matron D. I. Brown**

**Charge Sister J. Gilfillan**

**Charge Sister M. Harvey**

**Charge Sister K. G. Hall**

**Charge Sister Z. M. Haworth**

**Charge Sister I. C. Healey**

**Charge Sister B. Helliwell**

**Matron V. M. Hodges**

**Charge Sister M. J. Jackson**

**Charge Sister A. M. B. Ker**

**Matron E. C. Mackay**

**Charge Sister M. C. MacRae**

**Sister J. K. Tyler**

**Sister M. K. Murray**

**Charge Sister J. K. Nepia**

**Charge Sister N. E. O'Callaghan**

**Charge Sister V. M. Price**

**Charge Sister E. J. Steele**

**Charge Sister A. B. Ussher**

**Charge Sister D. L. Waldie**

**Charge Sister B. Webster**

**Sister Edith J. Wilson**

**Matron E. F. Worn**

***Mentioned in Despatches***

**Principal Matron E. C. Mackay**

**Sister J. Bond**

**Charge Sister P. E. Borlasc**

**Charge Sister A. L. K. Bowman**

**Matron D. I. Brown**

**Sister N. F. Carter**

**Sister F. M. Clayton-Greene**

**Sister A. B. Coupland**

**Charge Sister D. F. Gatenby**

**Charge Sister A. M. Gawn**

**Charge Sister G. E. Gauntlett**

**Charge Sister C. McK. Golden**

**Matron M. Hennessy**

**Charge Sister G. N. Kingsford**

**Charge Sister C. D. Lee**

**Matron C. M. Lucas**

**Sister I. MacKinnon**

**Charge Sister M. C. MacRae**

**Sister N. C. Newton**

**Charge Sister N. E. O'Callaghan**

**Sister K. Palmer**

**Sister A. J. Pitcaithly**

**Sister B. A. Robinson**

**Sister F. Rooney**

**Sister E. M. D. Russell**

**Sister F. H. Shaw**

**Sister G. E. Shepherd**

**Matron A. G. Shewan**

**Sister I. M. Simpson**

**Charge Sister K. M. Slye**

**Sister G. Smidt (2)**

**Charge Sister M. I. Tarpey**

**Charge Sister E. Thompson**

**Sister C. M. W. Tong**

**Charge Sister F. M. Tucker**

**Charge Sister J. G. Watson**

**Sister Elizabeth J. Wilson**

**Sister E. A. Wilson (2)**

***NZ WAAC (Medical Division)***

**Jnr Cmdr M. King**

***Mentioned in Despatches***

**Jnr Cmdr M. King**

**Jnr Cmdr S. J. Robertson**

**Sub M. D. Grigg**

**Nurse D. Alexander**

**Nurse J. Anderson**

**Nurse K. M. Baird**

**Nurse W. Barton**

**Nurse J. W. Clark**

**Nurse G. M. Evans (2)**

**Nurse M. E. Gulliver**

**Nurse O. V. Hore**

**Nurse W. Katene**

**Nurse N. Morrison**

**Nurse A. K. Murdoch**

**Nurse M. W. Nees**

**Nurse E. M. Patchett**

**Nurse W. M. Smart**

**Nurse J. H. Studholme**

**Nurse G. J. Thornton**

**Nurse N. M. Williams**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## NZANS

### *NZANS*

#### **OBE**

**Principal Matron E. C. Mackay**

#### **MBE**

**Matron-in-Chief E. M. Nutsey**

#### **RRC**

**Matron-in-Chief E. M. Nutsey**

**Matron D. I. Brown**

**Matron M. Chisholm**

**Matron M. Hennessy**

**Matron M. E. Jackson**

**Matron E. M. Lewis**

**Matron E. C. Mackay**

**Matron G. L. Thwaites**

#### **ARRC**

**Matron D. I. Brown**

**Charge Sister J. Gilfillan**

**Charge Sister M. Harvey**

**Charge Sister K. G. Hall**



**Charge Sister Z. M. Haworth**

**Charge Sister I. C. Healey**

**Charge Sister B. Helliwell**

**Matron V. M. Hodges**

**Charge Sister M. J. Jackson**

**Charge Sister A. M. B. Ker**

**Matron E. C. Mackay**

**Charge Sister M. C. MacRae**

**Sister J. K. Tyler**

**Sister M. K. Murray**

**Charge Sister J. K. Nepia**

**Charge Sister N. E. O'Callaghan**

**Charge Sister V. M. Price**

**Charge Sister E. J. Steele**

**Charge Sister A. B. Ussher**

**Charge Sister D. L. Waldie**

**Charge Sister B. Webster**

**Sister Edith J. Wilson**

**Matron E. F. Worn**

***Mentioned in Despatches***

**Principal Matron E. C. Mackay**

**Sister J. Bond**

**Charge Sister P. E. Borlasc**

**Charge Sister A. L. K. Bowman**

**Matron D. I. Brown**

**Sister N. F. Carter**

**Sister F. M. Clayton-Greene**

**Sister A. B. Coupland**

**Charge Sister D. F. Gatenby**

**Charge Sister A. M. Gawn**

**Charge Sister G. E. Gauntlett**

**Charge Sister C. McK. Golden**

**Matron M. Hennessy**

**Charge Sister G. N. Kingsford**

**Charge Sister C. D. Lee**

**Matron C. M. Lucas**

**Sister I. MacKinnon**

**Charge Sister M. C. MacRae**

**Sister N. C. Newton**

**Charge Sister N. E. O'Callaghan**

**Sister K. Palmer**

**Sister A. J. Pitcaithly**

**Sister B. A. Robinson**

**Sister F. Rooney**

**Sister E. M. D. Russell**

**Sister F. H. Shaw**

**Sister G. E. Shepherd**

**Matron A. G. Shewan**

**Sister I. M. Simpson**

**Charge Sister K. M. Slye**

**Sister G. Smidt (2)**

**Charge Sister M. I. Tarpey**

**Charge Sister E. Thompson**

**Sister C. M. W. Tong**

**Charge Sister F. M. Tucker**

**Charge Sister J. G. Watson**

**Sister Elizabeth J. Wilson**

**Sister E. A. Wilson (2)**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## NZ WAAC (MEDICAL DIVISION)

### *NZ WAAC (Medical Division)*

#### **MBE**

**Jnr Cmdr M. King**

#### *Mentioned in Despatches*

**Jnr Cmdr M. King**

**Jnr Cmdr S. J. Robertson**

**Sub M. D. Grigg**

**Nurse D. Alexander**

**Nurse J. Anderson**

**Nurse K. M. Baird**

**Nurse W. Barton**

**Nurse J. W. Clark**

**Nurse G. M. Evans (2)**

**Nurse M. E. Gulliver**

**Nurse O. V. Hore**

**Nurse W. Katene**

**Nurse N. Morrison**

**Nurse A. K. Murdoch**

**Nurse M. W. Nees**

**Nurse E. M. Patchett**

**Nurse W. M. Smart**

**Nurse J. H. Studholme**

**Nurse G. J. Thornton**

**Nurse N. M. Williams**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## COMMANDING OFFICERS AND MATRONS

### COMMANDING OFFICERS AND MATRONS

#### DIRECTOR OF MEDICAL SERVICES 2 NZEF

1 Oct 1940-10 May 1942 Brig K. MacCormick  
10 May 1942-18 Sep 1942 Brig H. S. Kenrick  
18 Sep 1942-17 Apr 1943 Brig K. MacCormick  
17 Apr 1943-22 May 1945 Brig H. S. Kenrick  
22 May 1945-11 Oct 1945 Brig G. W. Gower

#### DDMS 2 NZEF

11 Oct 1945-10 Feb 1946 Col F. B. Edmundson

#### ADMS 2 NZ DIVISION

1 Oct 1940- 9 May 1942 Col H. S. Kenrick  
10 May 1942-16 Feb 1943 Col P. A. Ardagh  
16 Feb 1943-15 Jun 1943 Col F. P. Furkert  
15 Jun 1943- 3 Dec 1944 Col R. D. King  
3 Dec 1944-11 Oct 1945 Col R. A. Elliott

#### SMO 2 NZ DIVISION

11 Oct 1945-31 Dec 1945 Lt-Col V. T. Pearse

#### PRINCIPAL MATRON 2 NZEF

31 Jan 1941-22 Nov 1943 Miss E. M. Nutsey  
22 Nov 1943-30 May 1945 Miss E. C. Mackay  
30 May 1945-10 Dec 1945 Miss M. Chisholm  
10 Dec 1945-20 Jan 1946 Miss I. MacKinnon

#### COMMANDANT NZ WAAC

22 Dec 1941-28 Mar 1945 Miss M. King  
28 Mar 1945-26 Oct 1945 Miss S. J. Robertson

#### CONSULTANT PHYSICIAN

10 Feb 1941-22 Feb 1945 Col J. R. Boyd  
22 Feb 1945-26 May 1945 Col J. D. Cottrell

#### CONSULTANT SURGEON

10 Feb 1941-13 Aug 1945 Col T. D. M. Stout

#### ADMS ( UK)

2 Oct 1944- 4 Feb 1946 Brig J. M. Twigg

## **1 GENERAL HOSPITAL**

### ***Commanding Officer***

**12 Jan 1940-10 Jun 1941 Col A. C. McKillop**  
**10 Jun 1941-10 Aug 1941 Lt- Col T. D. M. Stout (acting)**  
**10 Aug 1941-11 Aug 1944 Col D. Pottinger**  
**11 Aug 1944-24 Feb 1945 Col W. B. Fisher**  
**24 Feb 1945- 3 Nov 1945 Col D. G. Radcliffe**

### ***Matron***

**19 Jun 1940-22 Nov 1943 Miss E. C. Mackay**  
**22 Nov 1943-14 Aug 1944 Miss M. Chisholm**  
**14 Aug 1944-24 Feb 1945 Miss E. Worn**  
**24 Feb 1945-23 May 1945 Miss M. Chisholm**  
**23 May 1945- 3 Nov 1945 Miss I. MacKinnon**

## **2 GENERAL HOSPITAL**

### ***Commanding Officer***

**17 May 1940-12 Jun 1943 Col F. M. Spencer**  
**20 Jun 1943-10 Oct 1944 Col H. K. Christie**  
**10 Oct 1944-12 Jul 1945 Col I. S. Wilson**  
**12 Jul 1945-10 Nov 1945 Col H. D. Robertson**  
**10 Nov 1945-22 Nov 1945 Lt-Col A. W. Owen-Johnston**

### ***Matron***

**8 Oct 1940-20 Jun 1943 Miss D. I. Brown**  
**20 Jun 1943-13 Sep 1945 Miss V. M. Hodges**  
**13 Sep 1945-22 Nov 1945 Miss C. M. Lucas**

## **3 GENERAL HOSPITAL**

### ***Commanding Officer***

**24 Oct 1940-22 May 1945 Col G. W. Gower**  
**22 May 1945-17 Oct 1945 Col J. E. Caughey**  
**17 Oct 1945- 9 Jan 1946 Lt-Col C. R. Burns**

### ***Matron***

**8 Apr 1941-22 Nov 1943 Miss M. Chisholm**  
**22 Nov 1943-10 Jul 1945 Miss M. E. Jackson**  
**4 Aug 1945-16 Dec 1945 Miss M. J. Jackson**  
**16 Dec 1945- 9 Jan 1946 Miss M. G. Moore**

## **5 GENERAL HOSPITAL**

### ***Commanding Officer***

**1 Apr 1944-20 Feb 1945 Lt- Col D. G. Radcliffe**

**20 Feb 1945-11 Jul 1945 Lt- Col H. D. Robertson**

***Matron***

**1 Apr 1944-14 Aug 1944 Miss E. Worn**

**14 Aug 1944-11 Jul 1945 Miss M. J. Jackson**

**4 GENERAL HOSPITAL**

***Commanding Officer***

**31 Jul 1940- 9 Sep 1940 Lt-Col E. L. Button**

**9 Sep 1940- 1 Oct 1940 Lt- Col H. S. Kenrick**

***Matron***

**31 Jul 1940- 8 Oct 1940 Miss D. I. Brown**

**6 GENERAL HOSPITAL**

***Commanding Officer***

**23 Oct 1945-12 Dec 1945 Lt-Col K. B. Bridge**

***Matron***

**23 Oct 1945-12 Dec 1945 Miss I. MacKinnon**

**CONVALESCENT DEPOT**

**13 Mar 1940-27 Dec 1940 Lt-Col N. F. Boag**

**27 Dec 1940-13 Oct 1941 Lt-Col A. A. Tennent**

**13 Oct 1941-26 Aug 1945 Lt-Col A. L. de B. Noakes**

**26 Aug 1945-15 Jan 1946 Maj J. W. Bartrum**

**H AINE HOSPITAL ( UK)**

**9 Apr 1945- 9 Oct 1945 Lt-Col A. A. Lovell**

**4 FIELD AMBULANCE**

**4 Oct 1939- 3 Sep 1940 Lt-Col J. H. Will**

**3 Sep 1940-13 Oct 1941 Lt- Col P. V. Graves**

**13 Oct 1941- 2 Dec 1941 Lt-Col A. A. Tennent**

**4 FIELD AMBULANCE**

**8 Jan 1942-12 Jun 1943 Lt- Col R. D. King**

**12 Jun 1943-30 Apr 1944 Lt-Col J. K. Elliott**

**30 Apr 1944- 8 Dec 1944 Lt-Col F. B. Edmundson**

**8 Dec 1944-16 Aug 1945 Lt-Col A. W. Owen-Johnston**

**5 FIELD AMBULANCE**

**10 Jun 1940-26 May 1940 Lt- Col H. S. Kenrick**

**26 May 1940- 2 Dec 1941 Lt-Col J. M. Twigg**

**12 Dec 1941-12 Jan 1942 Lt- Col J. D. Cottrell**

**12 Jan 1942-15 Dec 1943 Lt-Col J. P. McQuilkin**

**15 Dec 1943-23 Jun 1944 Lt- Col R. A. Elliott**



2 Jul 1944-31 May 1945 Lt-Col J. M. Coutts  
5 Jun 1945- 8 Oct 1945 Lt-Col D. P. Kennedy

**6 FIELD AMBULANCE**

14 May 1940- 6 May 1941 Lt-Col W. H. B. Bull  
6 May 1941-20 May 1941 A/ Lt-Col J. L. R. Plimmer  
22 May 1941-16 Jun 1941 Maj W. B. Fisher (acting)  
16 Jun 1941- 2 Dec 1941 Lt- Col N. C. Speight  
15 Dec 1941-24 Jan 1942 Maj R. A. Elliott (acting)  
24 Jan 1942-16 Feb 1943 Lt-Col F. P. Furkert  
22 Feb 1943-31 Jul 1944 Lt- Col W. B. Fisher  
31 Jul 1944-18 Jun 1945 Lt-Col W. Hawksworth  
18 Jun 1945- 8 Oct 1945 Lt-Col F. B. Edmundson

**MOBILE SURGICAL UNIT**

2 Jun 1941-17 Jan 1942 Maj F. P. Furkert  
18 Jan 1942-27 Feb 1942 Lt-Col P. A. Ardagh

**1 MOBILE CASUALTY CLEARING STATION**

27 Feb 1942-10 May 1942 Lt-Col P. A. Ardagh  
10 May 1942- 8 Oct 1943 Lt-Col L. J. Hunter  
8 Oct 1943-29 Jun 1944 Lt-Col E. L. Button  
29 Jun 1944- 6 Aug 1945 Lt-Col A. G. Clark  
6 Aug 1945-13 Oct 1945 Lt-Col A. W. Owen-Johnston

**Hospital Ship *Maunganui***

***Officer Commanding Troops***

22 Apr 1941-26 Feb 1942 Col D. N. W. Murray  
6 Mar 1942-15 Mar 1942 Lt- Col P. V. Graves  
16 Apr 1942-29 Apr 1944 Lt-Col W. P. P. Gordon  
24 May 1944- 9 Nov 1944 Lt-Col C. E. Reid  
6 Dec 1944-20 Mar 1946 Lt-Col F. O. Bennett

***Matron***

22 Apr 1941-26 Feb 1942 Miss E. M. Lewis  
5 Mar 1942- 5 May 1942 Miss M. B. Briscoe  
5 May 1942-14 Aug 1942 Miss M. Hennessy  
14 Aug 1942- 9 Nov 1944 Miss E. M. Lewis  
6 Dec 1944-20 Mar 1946 Miss G. L. Thwaites

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## NEW ZEALAND MEDICAL UNIT REFERENCES

### *NEW ZEALAND MEDICAL UNIT REFERENCES*

#### *4 FIELD AMBULANCE*

In Burnham camp, 5– 7; embarkation, 7, 14; voyage on *Dunera*, 14– 16; pioneering in Maadi camp, 24– 6; at 2/10 General Hospital, Helmich, 26– 31; establishing Helwan Hospital, 34– 8; move to Western Desert, 38– 41; move to Greece, 63– 6; at Katerine, 69– 72; ADS at Paleonellene, 73– 4; MDS at Kalokouri, 74– 5; withdrawal to Dolikhe, 80; ADS at Ag Demetrios, 80, 83– 4; car post at Kokkinoplos, 85– 6; back to Thermopylae line, 86– 9; ADS near Molos, 95– 6; back to Thebes, 98; through Peloponnese, 104, 108– 9; embarkation at Monemvasia, 109– 11; on *Thurland Castle*, 111; detachment with 4 Brigade, 111– 12; at Helwan camp, 148; at Baggush, 154– 5; move into Libya, 157– 8; MDS at Sidi Azeiz, 160; ADS at Menastir, Gambut, Zaafran, 160– 1; MDS at Sidi Rezegh, 163– 5; MDS captured, 165; ADS returns to Baggush, 166; in captured medical centre, 168– 76; released, 176; Maj King's detachment, 176– 9; Christmas at Baggush, 180– 1; reinforced at Maadi, 186; at Kabrit, 190; MDS at Baalbek, 192; ADS at Djedeide, 192; back to desert, 204– 5; ADS at Minqar Qaim, 206– 9; ADS and MDS reach Alamein line, 210; ADS at Ruweisat Ridge, 211; ADS and MDS at El Mreir, 214– 5; Alam Halfa, 218– 9; rest station, 243; Corps MDS at Marble Arch, 251– 2; 'left hook' to Tripoli, 254– 8; turning Mareth line, 267– 71; to Sidi bou Ali, 277; MDS for Takrouna, 277– 80; return to Egypt, 286– 8; furlough drafts, 291; move to Burg el Arab, 294– 5; voyage to Italy, 296– 300; in Taranto area, 300– 5; move to San Severo, 310– 11; ADS at Casalanguida, 315; MDS at Atessa, 316– 7, 321– 2; move to Volturmo Valley, 336; MDS at San Pietro, 341– 2; MDS at Arce, 362; at Civita Castellana, 368; MDS at Casa Vecchia, 377; MDS at Castellina, 378– 80; back to Adriatic, 382– 3; MDS at Viserba, 388; at Igiea Marina, 390– 1; at Fabriano, 394– 6; car post on Lamone, 399– 401; MDS in Faenza,

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 FIELD AMBULANCE

### 4 FIELD AMBULANCE

In Burnham camp, 5– 7; embarkation, 7, 14; voyage on *Dunera*, 14– 16; pioneering in Maadi camp, 24– 6; at 2/10 General Hospital, Helmich, 26– 31; establishing Helwan Hospital, 34– 8; move to Western Desert, 38– 41; move to Greece, 63– 6; at Katerine, 69– 72; ADS at Paleonellene, 73– 4; MDS at Kalokouri, 74– 5; withdrawal to Dolikhe, 80; ADS at Ag Demetrios, 80, 83– 4; car post at Kokkinoplos, 85– 6; back to Thermopylae line, 86– 9; ADS near Molos, 95– 6; back to Thebes, 98; through Peloponnese, 104, 108– 9; embarkation at Monemvasia, 109– 11; on *Thurland Castle*, 111; detachment with 4 Brigade, 111– 12; at Helwan camp, 148; at Baggush, 154– 5; move into Libya, 157– 8; MDS at Sidi Azeiz, 160; ADS at Menastir, Gambut, Zaafran, 160– 1; MDS at Sidi Rezegh, 163– 5; MDS captured, 165; ADS returns to Baggush, 166; in captured medical centre, 168– 76; released, 176; Maj King's detachment, 176– 9; Christmas at Baggush, 180– 1; reinforced at Maadi, 186; at Kabrit, 190; MDS at Baalbek, 192; ADS at Djedeide, 192; back to desert, 204– 5; ADS at Minqar Qaim, 206– 9; ADS and MDS reach Alamein line, 210; ADS at Ruweisat Ridge, 211; ADS and MDS at El Mreir, 214– 5; Alam Halfa, 218– 9; rest station, 243; Corps MDS at Marble Arch, 251– 2; 'left hook' to Tripoli, 254– 8; turning Mareth line, 267– 71; to Sidi bou Ali, 277; MDS for Takrouna, 277– 80; return to Egypt, 286– 8; furlough drafts, 291; move to Burg el Arab, 294– 5; voyage to Italy, 296– 300; in Taranto area, 300– 5; move to San Severo, 310– 11; ADS at Casalanguida, 315; MDS at Atessa, 316– 7, 321– 2; move to Volturno Valley, 336; MDS at San Pietro, 341– 2; MDS at Arce, 362; at Civita Castellana, 368; MDS at Casa Vecchia, 377; MDS at Castellina, 378– 80; back to Adriatic, 382– 3; MDS at Viserba, 388; at Igiea Marina, 390– 1; at Fabriano, 394– 6; car post on Lamone, 399– 401; MDS in Faenza, 401– 2; ADS at Senio, 414; MDS at Granarola, 414; ADS at Medicina, 415; MDS at San Venanzio, 416; ADS at Monfalcone, 422; move to Lake



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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 FIELD AMBULANCE

### *5 FIELD AMBULANCE*

In Burnham camp, 9– 10; voyage on *Aquitania*, 16– 18; in England, 53– 5; at battle positions, Dover, 58– 9; in Aldershot Command, 60– 1; voyages to Egypt, 61– 2; move to Greece, 66– 7; MDS at Dolikhe, 77; ADS at Ag Demetrios, 77; MDS at Elevation, 80, 82– 3; ADS in Servia Pass, 80– 2; back to Thermopylae line, 86– 7; MDS at Kamena Voula, 96; back to Athens, 99; embarkation at Porto Rafti, 102; detachment on Kea Island, 104; arrival on Crete, 113; MDS at Ay Marina, 114, 116– 7; at Modhion, 119– 21; treatment of wounded, 128– 9; withdrawal towards Canea, 130– 3; party remains with wounded, 133; to Nerokourou, 133– 4; at Kalivia, 135; march across Crete, 135– 7; at Imvros, 137– 9; embarkation at Sfakia, 140– 1; prisoners of war, 141; at Garawi, 149; life at Baggush, 154– 5; MDS across the Wire, 159; ADS near Sidi Azeiz, 159– 60; MDS at Sidi Rezegh, 163– 5; MDS captured, 165; ADS captured and released, 167– 8; in captured medical centre, 168– 73; to Italy as prisoners, 173; ADS in Cyrenaica, 178– 9; remnants at Baggush, 180– 1; reinforced at Maadi, 186; in Cyrenaica, 195; at Aleppo, 195; back to desert, 204– 5; ADS at Minqar Qaim, 206– 9; ADS and MDS reach Alamein line, 210; ADS at Ruweisat, 211; in battle of Alamein, 230– 4, 237; on 'left hook' at Agheila, 248– 52; Christmas at Nofilia, 252– 3; 'left hook' to Tripoli, 254– 8; MDS at Tripoli, 259; at Medenine, 265– 6; turning Mareth line, 267– 71; MDS at Gabes, 272; to Sfax and Sousse, 274– 6; ADS at Takrouna, 277– 80; return to Egypt, 286– 8; furlough drafts, 291; move to Burg el Arab, 294– 5; voyage to Italy, 296– 300; in Taranto area, 300– 5; move to San Severo, 312; MDS at San Buono, 313; at Gissi, 316; ADS at Sangro, 318– 20; at Castelfrentano, 325; on Sfasciata Ridge, 327– 8; Christmas 1943, 332; move to Volturno Valley, 336; ADS at Cassino, 344, 347, 350– 1; MDS at Mignano, 351; ADS at Sant' Elia, 356– 9; at Atina and Sora, 360– 1; spell at Arce, 364– 5; towards Florence, 367– 8; ADS at San Donato, 369; MDS

near **Castellina**, 369; ADS at **Scandicci**, 376; back to Adriatic, 382– 3; ADS at **Rimini**, 386; MDS at **Riccione**, 388– 9; ADS at **Gatteo**, 392; at **Camerino**, 395; MDS in **Forli**, 398; ADS on **Lamone**, 399, 400– 1; ADS at **Senio**, 414; MDS at **Ganzanigo**, 415; in regatta, 429; leave camp, **Venice**, 430; move to **Lake Trasimene**, 431– 2; unit disbanded 434.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 FIELD AMBULANCE

### 6 *FIELD AMBULANCE*

In Burnham camp, 11– 12; voyage on *Orcades*, 19– 20; at Bombay and Deolali, 20– 21; on *Felix Roussel*, 21– 2; move to Greece, 63– 4, 66; in Aliakmon line, 72; ADSs at Sphendami and Koukos, 75; MDS near Kato Melia, 76; back to Elevation, 79– 80; detachment in Peneios Gorge, 84– 5; back to Thermopylae line, 89– 93; MDS at Livanates, 97; back to Athens, 99– 101; embarkation at Porto Rafti, 102; arrival on Crete, 113; MDS near Galatas, 115– 16; captured and released, 123– 5; near Canea, 125– 7; to Nerokourou, 134; at Kalivia, 135; march across Crete, 135– 7; at Imvros, 137– 9; embarkation at Sfakia, 140– 1; prisoners of war, 141; at Garawi, 149– 50; gift to Royal Navy, 150; at Baggush, 154– 5; ADS at Bir Chleta and Sidi Rezegh, 161– 2; MDS at Sidi Rezegh, 162– 5; MDS captured, 165; ADS captured at Belhamed, 167; in captured medical centre, 168– 73; to Italy as prisoners, 173; remnants at Baggush, 180– 1; reinforced at Maadi, 186; at Kabrit, 190; hospital at Aleppo, 193– 5; ADS on Turkish border, 194; MDS in Orontes Valley, 195; back to Egypt, 204– 5; in Alamein line, 209; ADS at El Mreir, 212– 14; Alam Halfa, 218– 19; MDS in rest area, 221– 2; ADS in battle of Alamein, 230– 2, 238; ADS in the advance, 239– 43; ‘left hook’ at Agheila, 248– 52; Christmas at Nofilia, 252– 3; ‘left hook’ to Tripoli, 252– 8; at Caneva hospital, Tripoli, 258– 60; ADS at Medenine, 265– 6; turning Mareth line, 267– 71; to Sfax and Sousse, 274– 6; ADS at Takrouna, 277– 80; return to Egypt, 286– 8; furlough drafts, 291; move to Burg el Arab, 294– 5; voyage to Italy, 296– 300; in Taranto area, 300– 5, 313– 14; ADS at Atessa, Sangro, and Castelfrentano, 316, 318, 319– 24; MDS at Castelfrentano, 327, 330– 5; ADS on Sfasciata ridge, 331, 334; Christmas 1943, 332; move to Volturno Valley, 336, 337– 9; ADS at Mignano, Portella and Mennella, 341– 2, 344– 9, 356; spell at Arce, 364– 5; towards Florence, 367; ADS at Castiglion Fiorentino, 367; MDS at San Donato, 370; MDS at Tavarnelle, 372– 4; ADS at Lucignano and

**Montelupo, 371– 2, 377– 8; back to Adriatic, 382– 3; rest camp, 384– 5; ADS at Rimini, Bordonchio, and Gattolino, 386– 8, 392– 3; MDS at San Mauro, 393; at Castel Raimondo, 395; fourth anniversary, 396– 7; MDS in Forli, 398, 402– 3, 406; manœuvres at Fabriano, 411– 12; ADS at Senio, 413– 14; MDS at Villafranca and Santa Agate, 414; ADS across Po, 418; MDS at Trecenta, 418– 20; at Padua, 421; at Monfalcone, 424; move to Lake Trasimene, 431– 2; rest camp, Mondolfo, 433; unit disbanded, 434.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 FIELD HYGIENE SECTION

### *4 FIELD HYGIENE SECTION*

In Burnham camp, 5– 7; embarkation, 7, 14; voyage on *Dunera*, 14– 16; pioneering in Maadi camp, 24– 6; move to Greece, 63, 64; at Kalokouri, 75; at Dolikhe, 80; back to Atalante, 87; back to Athens, 100; embarkation at Porto Rafti, 102; arrival on Crete, 113; at Ay Marina and Modhion, 116, 119; embarkation at Sfakia, 140– 1; prisoners of war, 141; life at Baggush, 154– 5; move into Libya, 159; at Sidi Rezegh, 163; captured, 165; to Italy as prisoners, 173; Christmas at Baggush, 180– 1; reinforced at Maadi, 186; at Kabrit, 190; in Lebanon Valley, 192– 3; back to Desert, 204– 5; attack on files, 216– 17; at Bardia, 243; move to Agedabia, 247; Christmas at Nofilia, 252– 3; work in Tripoli, 260; air evacuation centre, 269; in Tunisia, 271, 281; return to Egypt, 286– 8; in Maadi camp, 292; move to Italy, 296– 300; at Castelfrentano, 329; in Volturno Valley, 337; malaria school, 358; move to Arce, 362; health control, 363; at Fabriano, 394; in final advance, 422; in Florence, 434.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MOBILE SURGICAL UNIT

### *MOBILE SURGICAL UNIT*

**Formation, 148; move into Libya, 158; open at Sidi Azeiz, 159; at Sidi Rezegh, 163– 5; captured, 165; in captured medical centre, 168– 76; released, 176; absorbed into CCS, 189.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 (MOBILE) CASUALTY CLEARING STATION

### *1 (MOBILE) CASUALTY CLEARING STATION*

**Formation, Feb 1942, 189– 90; move to Zahle, 196– 9; back to Egypt, 204– 5; move to Gharbanyat, 221– 4; in battle of Alamein, 234– 7; to Gerawla, Tobruk, and Agedabia, 243– 7; at Sirte and Tamet, 253– 4; to Zuara, 260– 2; at Medenine, 263– 4, 269; to Teboulbou, 272; at El Djem, 277– 8, 279; at Sidi bou Ali, 280; to Suani ben Adem, 288; team in Sicily, 289; return to Egypt, 290; arrival in Italy, 305– 6; move to San Severo and Vasto, 316, 321; move to Volturno Valley, 336; at Presenzano, 342– 3; at Frosinone, 363– 4; at Siena, 374– 5, 380; at Igiea Marina, 393; in Forli, 398, 403– 4; at San Marino, 417– 18; at Porto Maghera, 421– 2; move to Lake Trasimene, 431– 2; at Assisi, 433; 6 General Hospital formed, 434.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 2 FIELD TRANSFUSION UNIT

### *2 FIELD TRANSFUSION UNIT*

**At Gharbanyat, 224; 'left hook' at Agheila, 247; at Medenine, 265; turning Mareth line, 267– 71; at Sidi bou Ali, 277; return to Egypt, 286– 8; at Atessa, 317; at Sora, 361; at Tavarnelle, 372; at Casa Vecchia, 377; at Trecenta, 420; at Padua, 421.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 FIELD SURGICAL UNIT (ALSO 3 FSU)

### *1 FIELD SURGICAL UNIT (also 3 FSU)*

**At Tavarnelle, 372; at Casa Vecchia, 377; at Trecenta, 420; at Padua, 421.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

102 MOBILE VD TREATMENT CENTRE—AT CASTELFRENTANO, 327. —  
ASC

*102 MOBILE VD TREATMENT CENTRE—At Castelfrentano, 327.*

ASC

**Attached 4 Field Ambulance, 7; first casualties, 40; in England, 57; move to Greece, 63; withdrawal to Thermopylae line, 86– 93; captured at Sidi Rezegh, 165; at Minqar Qaim, 206– 9; in Alamein line, 220; ‘left hook’ at Agheila, 252– 8; in Tripoli, 257; at Castelfrentano, 327; at Cassino, 358; at Atina, 360; at Casa Vecchia, 377; at Faenza 401.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## AMERICAN FIELD SERVICE

**With Division in Syria, 195; Stars and Stripes flown at CCS, Zahle, 199; at Minqar Qaim, 206– 9; in Alamein line, 220; ‘left hook’ at Agheila, 248– 52; at Sangro, 321; at Cassino, 357; at Faenza, 399– 401.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## DENTAL CORPS

### *DENTAL CORPS*

**Attached 4 Field Ambulance, 7, 108; Mobile Dental Unit in Greece, 93, 106; Mobile Dental Unit moves up to Agedabia, 247.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 GENERAL HOSPITAL

### 1 *GENERAL HOSPITAL*

In Trentham camp, 7– 9; voyage on *Empress of Britain*, 16– 18; at Pinewood, England, 55– 6; Battle of Britain casualties, 56– 8; departure for Egypt, 59– 60; voyage on *Georgic*, 45; establishment at Helmieh, 45– 8; move to Greece, 51, 64; at Pharsala, 77– 8; back to Athens, 93– 4; on *Rawnsley*, 95; detachment at Voulas camp, 94, 105– 7; at 26 General Hospital, 94, 107– 8; sisters go to Crete, 102– 4, 114, 117– 18; sisters return to Egypt, 118– 19; detachment at 7 General Hospital, 114, 126; prisoners of war, 141; takes over at Helwan, 152; Christmas 1941, 183; GOC wounded, 209; casualties from Alamein line, 226– 7; tribute by GOC, 228; patients from advance, 282; furlough drafts, 293– 4; move to Italy, 355– 6; at Senigallia, 389– 90; Christmas 1944, 405; wounded from last offensive, 425; victory celebrations, 426; disbandment, 435.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 2 GENERAL HOSPITAL

### *2 GENERAL HOSPITAL*

In Trentham camp, 4, 10, 11; voyage on *Mauretania* and *Ormonde*, 19– 20; taking over Helwan hospital, 42– 3; patients from Western Desert, 44– 5, 48– 9; patients from Greece and Crete, 144– 5; Egyptian summer, 147– 8; leaves Helwan, 151; at Gerawla, 156– 7, 181– 2; Christmas 1941, 183– 4; move to Nazareth, 200– 1; move to Kfar Vitkin and El Ballah, 225– 6; tribute by GOC, 228; patients from advance, 282; furlough drafts, 293– 4; move to Caserta, 338– 9; at Caserta, 353– 5, 365– 6, 378– 9; detachment at Forli, 418; near Venice, 422; move to Helwan, 425– 6; disbandment, 435.

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 3 GENERAL HOSPITAL

### *3 GENERAL HOSPITAL*

In Trentham camp, 12– 13; embarkation, 13; voyage on *Nieuw Amsterdam*, 22– 3; taking over at **Helmieh**, 51– 2; patients from **Greece and Crete**, 144– 5; first anniversary, 153; detachment at **Alexandria**, 182– 3; move to **Choukri Ghanum**, 201– 4; tribute by GOC, 228; move to **Tripoli**, 283– 4; visit of King, 284; move to **Bari**, 307– 8; air raid, 308– 9; **Sangro** casualties, 332– 3; Christmas 1943, 333; patients from **Florence**, 378– 9; evacuation to hospital ship, 407– 8; wounded from Northern Italy, 425; explosion in **Bari** harbour, 425; victory celebrations, 426; disbandment, 435.



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 4 GENERAL HOSPITAL

### *4 GENERAL HOSPITAL*

**Establishment at Helwan, 34– 7; hands over to 2 General Hospital, 42– 3; tribute to work, 43.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 5 GENERAL HOSPITAL

### **5** *GENERAL HOSPITAL*

**Takes over at Helwan, 355; merges with 2 General Hospital, 425– 6.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 6 GENERAL HOSPITAL.—

*6 GENERAL HOSPITAL.—*

**Formed in Florence, 434.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HAINES HOSPITAL.—

*HAINES HOSPITAL.—*

**Established for repatriated prisoners of war, 426– 8.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## 1 CONVALESCENT DEPOT

### *1 CONVALESCENT DEPOT*

**In Trentham camp, 9; voyage with Second Echelon, 16– 18; at Ewshott, 53; at Farnborough, 60; at Moascar, 42; at Kfar Vitkin, 225; at Tripoli, 284; at Casamassima, 308; at San Spirito, 355, 409– 10; at Senigallia, 410; disbandment, 435.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MAADI CAMP HOSPITAL

### *MAADI CAMP HOSPITAL*

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

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### *DMS OFFICE, HQ 2 NZEF*

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

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*BASE HYGIENE SECTION.—*

**Formation, 42.**



# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## MEDICAL STORES DEPOT.—

*MEDICAL STORES DEPOT.—*

**Establishment, 42; at Bari, 434.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ADVANCED BASE CAMP HOSPITAL.—

*ADVANCED BASE CAMP HOSPITAL.—*

**Establishment at San Basilio, 339.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## REST HOMES

### *REST HOMES*

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HOSPITAL SHIP MAUNGANUI

### *HOSPITAL SHIP Maunganui*

**First voyage, 146– 7; fourth voyage, 184– 5; embarks invalids at Taranto, 408; patients carried, 436.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## HOSPITAL SHIP ORANJE

### *HOSPITAL SHIP Oranje*

**Embarks Australian and New Zealand invalids, 147; New Zealand patients carried, 436.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## ARMY NURSING SERVICE (NZANS) (SEE ALSO GENERAL HOSPITALS AND CCS)

*( NZANS) ( see also General Hospitals and CCS)*

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# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## WAAC (HOSPITAL DIVISION) VOLUNTARY AIDS

### *WAAC ( HOSPITAL DIVISION) Voluntary Aids*

**Arrival in Egypt, 186– 8; at 98 General Hospital, 308; leave in Rome, 379; at CCS and Convalescent Depot, 408– 9; weddings, 152, 366, 405; victory celebrations, 426.**

# MEDICAL UNITS OF 2 NZEF IN MIDDLE EAST AND ITALY

## [BACKMATTER]

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