



An extract concerning the active service of
119899 Capt. Leonard Babty MC RAMC
(whilst attached to the 1st Bn. Royal Sussex Regiment
in Eritrea and the Western Desert)
from the book, "The RAMC" by Cotterell

After a spell back with the hospital he was sent on what was described as "Hush Hush" duty. This turned out to be joining the 1st Battalion of the Royal Sussex Regiment, as Regimental Medical Officer.

The battalion was operating more or less on the border between the Sudan and Eritrea. When he joined them they were just starting an operation for which they had been split in two parts.

They travelled up at night about twenty miles, sticking to the main road as well as they could. They debussed and advanced in three columns. The country was hilly. The ground consisted mostly of dried rocks; the vegetation of small thorny trees.

B. was attached to one part of the battalion which was to attack a small place between two hills; there was just a rest house, a few small buildings and some native huts. The attack went in at first light and it was all over in three to four hours. There wasn't much opposition and they captured about thirty Italians and Eritreans.

The roads were so bad that they had to bring up supplies on camels. Often their camps would be washed away. When it rains in the mountains the dried river bed in which it seemed most convenient to camp, suddenly fills with about four feet of water, which, having washed away the camp, goes down almost as quickly.

During this action B. had his stretcher-bearers out with the Companies in the normal way and travelled in a 3-tonner with Head-quarter Company. There were no casualties except one man who kicked an Italian hand grenade and received a bad wound in the foot.

They travelled on down a good road for nearly thirty miles, to the next settlement, where they were joined by the other two companies, some gunners with twenty-five pounders, a battalion of the French Foreign Legion and some Senegalese troops.

Their immediate role was to provide a counter-threat to Keren from the north, while the heights were stormed from the south. It was a vast mountain fortress ringed with carefully-prepared defensive positions. The British had about 15,000 men against double that number of defenders. Keren defences were reached in three

weeks from Kassala, but it took nearly seven weeks to break them down. There were towering mountainous escarpments 10,000 feet high, pitted with great holes, torn with fissures and choked with boulders that tore the caterpillars off the tracks of our transport. The bare rock ran into precipitous slopes without cover. Cliff faces stared in the hard sunlight; the air was thin and choking.

For two weeks they sent out fighting patrols, calculated to confuse the Italians about the direction of the main attack. Most of the casualties on these patrols were from mines. The men would be treated by stretcher-bearers, and there was nothing for B. to do but clean up the wounds, dress them with sulphonamide and evacuate the man to the field ambulance.

When Keren was taken, the battalion went back thirty miles to attack Massawa. They attacked at 3 a.m. and some were pinned down on the open plain in front of the place. They suffered about forty casualties, so B. was pretty busy. He had his R.A.P. in a dried river bed. They had put up ground sheets buttoned together and suspended on aluminium poles taken from the Italians.

The attack didn't finish until afternoon and B. was busy until evening. The wounded, instead of being sent back, were sent forward to Massawa where there was an Italian hospital. They came in two or three at a time, some walking, some on stretchers. The doctor can tell at a glance whether a man is really badly wounded; such a man is badly shocked, his face is a sallow ashen colour.

Massawa had been defended with intensive machine-gun fire, so the wounds were mostly typical small-arms wounds, i.e., multiple. The wounded are usually very quiet, though on this occasion one man died singing "There'll always be an England."

B. stayed at Massawa in the Italian naval barracks. The importance of the fall of Massawa was its bearing on the question of supplies. The place had been a harbour for Italian warships, threatening our traffic through the Red Sea. B. left there with the battalion towards the end of April, and sailed up to Port Tewfik where they landed on the last day of April, 1941, and immediately entrained.

They travelled until nightfall, when they were ordered out of the train and told to accommodate themselves for the night on the ground at a point five hundred yards from the train.

The next day they took over positions at the defences of the Bagoush Box between Tonga and Mersa Matruh. They were there from May to July. The platoons were operating out in the trenches. They spent their time digging and laying mines. They were right by the sea. Health was quite good, but desert sores started. A man would scratch himself on the barbed wire and, instead of healing, the place would develop into a sore. There was also some diphtheria, but not many injuries. B. had his quarters in a dugout. There were three companies along an escarpment; they could not dig in

along the escarpment, so there were sanitation difficulties. Sanitation was about his main problem. The food was relatively good, with supplies of frozen beef and occasional oranges.

The battalion was in intensive training and spent a lot of time going out in the desert on three-or four-day schemes.

Finally, when the action came, the positions on which they had worked so hard were not used.

In August they moved to Girabout, the headquarters of the Senussi country. There were a mosque, minarets and a series of Italian forts along the boundary, between Egypt and Italian Libya. The boundary was marked by criss-cross wire on steel supports six feet high, except where the sand had piled up so that you could drive over the top of it.

They were there about a month. The water there was very salt, with the effect and taste of Epsom salts. B. was kept very busy. The high prevalence of midges led to a lot of desert sores.

The companies were well-spread out; one of them was about half a day's run away. He had to inoculate the whole battalion against diphtheria. His quarters were known as B's bump as they were close by an odd bit of rock. The place was full of odd bits of rock. The odd ground formations gave peculiar-shaped hills. The whole area had an enchanted look. All the natives had been evacuated. The food was very good. There was a little British mutton which tasted rather like goat and worse than bully. The best local source of supply was a few date palms. Eighty per cent of the daily sick party was on account of desert sores, and as many as twenty-five men per company suffered from them. Each sore had to be dressed every day until it started to improve. They came in all sizes up to an inch in diameter. One man might have five or six at a time and as B. insisted on looking at all of them every day he was kept busy. They were there for a month.

The battalion then moved up to a place called Kilo 96 on the coast between Mersa Matruh and Sidi Barrani. It was much cooler and even rather beautiful. Attempts had been made to cultivate. The desert sores began to disappear because of the better food and opportunities for swimming. They were there for about a month. The 4th Indian Division were concentrating in the area in preparation for taking one of the Libyan offensives.

The battalion left there and took over a defensive position at a place called North Point on the top of an escarpment overlooking a big front area punctuated with minefields, and known as the "Playground."

It was now November, 1941. They stayed there for seven days or so and then on November 18th they went south through a gap made in the boundary wire and came up on the right flank of the enemy positions at Sidi Omar. They stayed there threatening Sidi Omar for some days while the artillery were shelling the place. It

was a strong fortified frontier position, well wired, dug in and mined—quite different from previous Italian positions they had come across. Everything was dug in under ground level instead of being conveniently sited as targets. There was a good system of trenches and an all-round field of fire for the defenders. They could tell that there were plenty of defenders from the great amount of small arms and A.A. fire which greeted our aircraft when they went over the place.

The Italians had dug zig-zag trenches with each arm about twenty yards long and defended with anti-tank and machine-guns. The excavated earth had been dumped so you scarcely knew whether there was a trench or not until you were on top of it.

They stood on the right flank of the enemy's positions for three days while the main British forces swung round and went for Tobruk and Sidi Rezegh. The idea of the defence on Tobruk was to make the German armoured divisions come out and fight. Simultaneously the idea was to roll up the enemy's forces on the frontier area.

The attack went in about noon. The battalion was taken right up to the enemy wire in troop transports and defences with a second wave of tanks. The whole enemy position was about five miles long and 2,000 to 3,000 yards deep. The attack was on approximately a one-thousand-yards front.

B. made his R.A.P. in some captured enemy trenches. He roofed some of the trenches in with ground-sheets. They were too narrow for stretchers, so unless they were able to sit up, the wounded had to lie out in the open.

There was a rain-storm at the beginning of the attack, but the weather was not extreme. Rather more troublesome was the sporadic machine-gun and shell fire which came from not yet taken enemy positions on both flanks. The focal point of the R.A.P. was the Primus stove, which was kept going all the time for hot water and tea. It was on the ground in a box. The wounded were laid out with some blankets. The doctors' equipment is quite simple. It is mainly contained in two large wooden chests, one for surgical equipment and one for comforts—tea, beef extract, sugar, tinned milk, pots, pans, Primus stove, drinking mugs and two bottles of brandy.

As each wounded man came in, B. looked at him and made out his field medical card. The field medical card gives the man's name, number, unit, religion, type of wound, treatment carried out, and if and how much morphia has been given, notes the day and approximate time the man was wounded.

The main job was to keep the casualties warm. He and his orderlies worked all night with muffled torches, mostly giving them tea and morphia. There were about seventy wounded. They started evacuating first thing next morning and had them cleared by noon.

The wounded were evacuated to the M.D.S., which was itself

captured shortly after, but as none of the men treated by B. was captured they must have been evacuated fairly quickly. (For his work here B. was awarded the M.C.).

He stayed in Sidi Omar about ten days, living mainly on Italian tinned macaroni, meat, vegetables and water, a lot of which had been buried. They were then sent up to the south of Tobruk, not far from Sidi Rezegh. They found themselves on a disused Italian aerodrome. There was only one building and this was being used for a Battle Headquarters at one end and as an R.A.P. the other. It was about thirty feet long and ten feet wide and eight feet high, with brick walls reinforced with earth. There was a roof of corrugated iron in some parts. There was a doorway but not a door, halfway up each of the long walls. B. had his R.A.P. at one end. The 3-tonner was some three hundred yards away and there was an ambulance sheltered on the lee side.

It was about 9 a.m. Up the other end the C.O. was working at his portable desk, a sort of card table with a box for him to sit on. Messages were coming in and the situation was being considered by several Gunner officers. An attack had been put in south of Tobruk and they were waiting for tanks to come up on the right.

B. was working with his medical orderly and two stretcher-bearers on an ambulance loaded with casualties which had just arrived. There were four stretcher cases and four sitting cases.

Our artillery was dispersed and quiet; they had knocked out a few tanks. Then the enemy started ranging on the shelter. They had an observation plane up, their attention probably being drawn by British tanks which were sheltering behind the building. One of them was taking on a damaged tank's ammunition. They hit the sides of the shelter several times, but they were too reinforced to make much impression. Then a few exploded just above, which made quite an impression on the people inside. B. was dressing one of the casualties when a fragment chipped through the man's tin hat. He went over to talk to one of the Gunner officers.

The engine of the ambulance had been hit and had fallen out. B. was just pointing this out when a shell exploded just above. There was a sensation of spinning round quickly and a buzzing hum in his ears. He felt his arm was further away than it was. He thought it was still pointing at the car, but it was hanging uselessly. There was no pain. When he picked it up it felt as though it was someone else's arm. He could see the humerus bone had been shattered—his first thought was "Oh, Christ, it's my right arm." The Gunner officer had also been hit and asked B. to dress his arm. B. pointed out that he could not very well. There were four or five other casualties at the same time, one badly wounded through the chest.

The medical orderly dressed B.'s arm while someone phoned for more ambulances, since the ambulance with the engine out would not go. The Gunners' doctor, who had been having breakfast, came

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back to carry on. They climbed or were lifted into the ambulance, said good-bye and were driven away. B. was not sorry to leave the shelling.

There were four stretcher cases and two walking. The wounded were put in the back and B. sat in front with the driver, who was an Indian, and did not have much to say. The damaged ambulance was towed behind them. They drove about two miles on, to the Advanced Dressing Station. This was in a little hollow. There was one large and one small equipment truck, a white doctor and an Indian doctor and a number of orderlies. They had a stretcher fixed up on supports for operations, but they don't do operations as far forward as this unless it is absolutely necessary. The doctor was a friend of B.'s. He didn't say much but looked at his dressings, gave him a cup of tea and morphia and told him to lie down on his bed. It was a "li-lo" with a valise and blankets. He was there for about forty-five minutes feeling progressively worse. Then he was put in a 30-cwt., on a stretcher, and driven back, accompanied by three Indians. The others had gone on in the ambulance. The truck bumped like mad and the journey back to the next dressing station took about an hour, mostly at about ten miles per hour except over the intermittent parts of dried-up mud. The actual distance was only some three miles.

When they got there the dressing station had been badly bombed. They were just clearing up the mess and working on their own casualties. There were a few tents up and several more trucks. They packed him straight into an ambulance with five stretcher cases and two sitting patients. He was on the floor. He had started off as a sitting patient, but had relapsed into a stretcher case. They were on their way to the Casualty Clearing Station; when they got there in the evening this had also been badly bombed.

There had been twenty-four casualties on the staff and several patients killed. He was taken into the operating tent where they gave him a general anæsthetic which was very welcome, as the pain was increasing. They cleaned up his wound, stitched it up and put it in place. This was about twelve hours after he had been hit.

While he was waiting to have the anæsthetic he was lying in one of the big hospital beds. There were two Zulu stretcher-bearers working nearby; some aircraft flew over fairly low and one Zulu said to the other in Zulu "It's all right, it's one of ours."

He was there for two days. They put him in a small tent usually reserved for high ranking officers. He had some opportunity to think about his wound. It was a typical gunshot fracture. Normally if only the bone was affected and there was not much bone missing he would be all right in about six months. It is when you get on to the main nerves that the trouble starts. But he had lost three to four inches of bone and also had a nerve injury. The tendency is for the limb to shorten. This doesn't matter so much in the arm as in

the leg. If a leg shortens more than half an inch there is quite a pronounced limp; whereas an inch off an arm doesn't much matter. His nerve injury made him unable to lift his wrist or expand his fingers, or lift anything at the back of the hand. Other nerve injuries produce inability to bend the fingers from a fixed claw-like position.

The shell fragment had gone through his battle-dress collar and turned a bit off the pocket into the arm.

They drove him down to a tent on the edge of the airfield to await evacuation by air. It was an old Jersey airfield's four-engine converted passenger 'plane. There were brackets fitted to take six stretcher cases, and on the other side of the 'plane there were bucket seats for eight sitting patients. He was flown back to Mersa Matruh, and taken by ambulance to the permanent C.C.S., where he was put into an underground ward.

There were South African sisters there and clean white sheets. It was six months since he had slept in a proper bed. He was also able to have a wash and shave, which he had not had since he was wounded.

They X-rayed his arm, changed the plaster and put on something a bit more substantial. The first cast had been rather too light. They also dressed his hand. He had had bits of shrapnel through the joints of the fourth and fifth fingers.

He went by hospital train to the base hospital on the Suez Canal. This was a twenty-four-hour trip. He was greeted on the doorstep by several men he had evacuated himself. He stayed there one night and after having his plaster changed was transferred to the orthopædic hospital at Tel El Kebir, where he was kept for four months before being evacuated down into South Africa.

Meantime the injured nerve had recovered on its own accord in about two months. It was damaged but not severely and did not have to be rejoined by operation. (A nerve is said to regenerate at the rate of 1 mm. a day.) He didn't suffer a lot of discomfort except frequent jabbing, throbbing pains. In some parts of his arm he couldn't feel anything (anæsthesia)—in other parts he seemed to be able to feel much more than usual (hyper-æsthesia). This is usually a good sign, it means that the nerve is beginning to work. He could use his hand when the nerve was regenerated, because the hand and wrist muscles are controlled from above and below the elbow, but the arm as a whole he could waggle about as if it didn't belong to him.

He came back to this country for the bone-grafting operation which involved taking a piece of bone out of the leg and grafting it on to the arm. It took about forty-five minutes, then he was put in plaster for six months.

It had been his ambition to specialise in surgery. When interviewed, he didn't know whether he would ever be able to do any surgery again. He didn't think it likely.