

Excerpt from HMAS Sydney I medical officer's log during action with SMS Emden 09 November 1914¹

Action with S.M.S. Emden off Cocos Island – 9th November 1914

Surgeon Leonard Darby

10 November 1914 (Excerpt 2)

Early next morning we arrived off Cocos Island, near the cable station, and having ascertained the damage done we took off the Eastern Extension Telegraph Co's Surgeon, Dr. H.S. Ollerhead, to help us with the German wounded. We then steamed back to North Keeling Island to the Emden. We now had the sick bay rigged up as a theatre, having unshipped the beds and made as much room as possible. Our great difficulty was lack of space and trained assistance. We had used up all the sterile towels on the previous day and had no chance of getting more.

The shortage of trained theatre staff, with lack of conveniences, caused much delay in the preparation of the theatre between each case, and the actual operations were delayed for the same reason. There was also much delay in getting instruments sterilised, and one could not get what was required in good time. Consequently, the asepsis was not what it might have been. Later in the day we organised a theatre staff from volunteers. They helped to clear up, held basins and receptacles and got things for one, and did remarkably useful work with composure that was astonishing, since they were present at many bloody operations and gazed upon some sights to which none of them had been previously accustomed. Surgeon Todd acted ably as anaesthetist and Dr. Ollerhead assisted me with the operations.

The first case we took was "B", A.B. He had had a restless night, and from his dyspnoea and the oozing of blood it was obvious that there was much blood in his pleural cavity. His colour was bad, likewise his pulse. Chloroform was administered. Examination showed that a fragment the size of sixpence had entered his chest in the right axilla and had tracked downwards and forwards to the left, through the pleural cavities finally emerging through a large ragged hole just below the apex of the heart. In fact soon after the injury the apex of the heart could

be seen emerging with each thrust. A piece of the sixth rib had been carried away leaving a gaping wound. This wound was enlarged, a piece of the rib removed, and a search was made for bleeding points. This search could not be prolonged owing to the patient's condition so I swabbed out the blood from the left pleural cavity, and a considerable amount of gauze was inserted therein and a tight bandage and pad then applied. The patient was removed to the only bed left in the sick bay, and saline given subcutaneously. The patient rallied considerably, but later on haemorrhage occurred, and he died two or three hours after operating.

The next case taken was "J". This case was shorter and less serious. He had been struck from behind by a bursting shell and obtained numerous wounds in both lower limbs. His left leg had been traversed by a fragment which left a jagged sinuous hole through the calf, just below the knee joint. His right calf was pierced, having a large ragged hole, charred at the edges, the fragment being deep in the muscles. There was another smaller deep hole in his right thigh on the inner surface, and numerous smaller wounds on buttocks and back. The patient had had considerable haemorrhage which was controlled by plugging and pressure. Search was made for fragments, but none could be felt with a probe, and it was decided not to cut down and look for them because more harm than good would have been done. The wounds were, therefore, thoroughly cleaned and syringed out with Hydrogen Peroxide and plugged with Iodoform gauze and with careful dressing they remained clean, and patient was doing well when he left the ship. There was a good deal of destruction of muscles and nervous tissue, but the main vessels and nerves had presumably escaped more or less. An X-Ray photograph, taken at Colombo Hospital, showed numerous pieces of shell in his right leg, none very large, and it was there decided that it would be unwise to remove them then.

¹ From translation held in Mitchell Library, State Library of NSW, with minor corrections from original hand-written document.

By this time we had returned to the Emden which was flying distress signals, and arrangements had now to be made for the transshipping and receipt of about 80 German wounded. The figures are the estimates of the surviving German Surgeon, and there was never an opportunity of verifying them, but they are considered approximately correct. All available stretchers, hammocks, and cots were sent to the Emden with a party, under Dr. Ollerhead, who did not return until the last patient left the Emden some five hours later. Even then some Germans who had got ashore could not be brought off until the following day (Wednesday). The transshipping was an exceedingly difficult and painful undertaking, as there was a large surf running on the beach where the Emden went ashore, and she was so much of a shambles that the shifting, collecting and lowering of the wounded into the boats was necessarily rough. They were hoisted on board us in cots and stretchers by means of davits, but there were no such appliances on the Emden. One German Surgeon, Dr. Luther, was intact, but he had been unable to do much, and for a short time was a nervous wreck, having had 24 hours with so many wounded on a battered ship with none of his staff left and very few dressings, lotions and appliances. The state of things on board the Emden, according to Dr. Ollerhead was truly awful.

Men were lying killed and mutilated in heaps, with large blackened flesh wounds. One man had a horizontal section of the head taken off, exposing mangled brain tissue. The ship was riddled with gaping holes, and it was with difficulty one could walk about the decks, and she was gutted with fire. Some of the men who were brought off to the Sydney presented horrible sights, and by this time the wounds were practically all foul and stinking, and maggots $\frac{1}{4}$ inch long were crawling over them, i.e., only 24 hours to 30 hours after injury. Practically nothing had been done to the wounded sailors, and they were roughly attended by our party and despatched to us as quickly as possible. A Cook's mate, named Fulton, did some exceedingly disagreeable work with great credit to himself in connexion with this.

The best arrangements possible were made under the circumstances for the receipt and treatment of the wounded as they arrived. All blankets and beds available were drawn from the stores, and most of the officers went without them. Still we had nothing like enough, and the German Sailors had, in many cases, to put up with beds most unsuitable for wounded men. As they came on board they were taken down to the temporary hospital in the ward room, where Surgeon Todd and myself attended the more serious cases and directed the first aid party with the simpler ones. I tried hard to keep the sick

bay clear and ready for operations later, but we were soon crowded out of the ward room and the sick bay had to be used as a dressing station, the wounded being placed along the neighbouring corridors and spaces adjacent and soon there was scarcely room to move there.

Besides the 70 wounded received that day, there were over 110 prisoners and 20 chinamen from the sunken collier, so the crowding can be imagined, seeing that we were a crowded ship before. Of necessity the work done now was only immediate and temporary till the cases could be sorted out and put under anaesthesia in a clear theatre. From 35 to 40 of the cases were serious, the rest being more or less slightly wounded, and they were able to help themselves somewhat and wait. The condition of many was pitiable, some had legs shattered and just hanging; others had shattered forearms; others were burnt from head to foot; others had large pieces of flesh torn out of limbs and body. One man was deaf and dumb, several were stone deaf in addition to other injuries.

The worst sight was a poor fellow who had his face literally blown away. His right eye, nose, and most of both cheeks were missing. His mouth and lips were unrecognisable, the tongue, pharynx, and nasal cavity were exposed, part of his lower jaw was left and the soft tissues were severed from the neck under his chin, so that the face really consisted of two curtains of soft tissue hanging loosely from the forehead, with a gap in the centre like an advanced case of rodent ulcer. In addition, the wound was stinking and foul with copious discharge. The case was so bad that I had no hesitation in giving a large dose of morphia immediately, and after cleaning the wound as well as possible, a large dressing was applied, and he was removed to the fresh air on deck. The odour was appalling and it was some time before the sick bay was clear of it. The patient lingered from four to six hours afterwards in spite of repeated liberal doses of morphia. Another face injury was nearly as bad. Practically the whole right side of the face was completely blown away. His temporal, pterygoid and maxillary regions were deeply exposed, and temporo-mandibular articulation was entirely removed. One had not time to examine these cases for minute details, but they were very instructive, and showed how hard it is to kill a man with face injury. In addition, the wound was septic and most offensive.

I had no hopes for his life when he arrived, but he seemed to struggle on and five days later on arrival at hospital at Colombo, it seemed likely that he would live. Later news tells us that the patient is doing well and they hope to fit him out with an artificial right half to his face.

There were four cases of fractured forearms two of which I amputated in the middle third of the arm – both did well. There were only two cases of fracture of the lower limb, both being the leg, which was in each case badly mutilated. One was amputated successfully in the middle third of the leg by the German Surgeon; in the other case I had to amputate through the lower third of the thigh. This case died.

Another face injury was rather severe. He had his right cheek turned down as a flap from the level of the upper lip, in addition the mandible was fractured and a piece of skin, fascia, and muscle the size of a large plate was blown out of the middle of the anterior surface of the left thigh. Later, when we were attending this case, it was suggested to me that the limb be removed. But though there was much destruction of tissue, and the wound was very foul, I refused to allow this to be done and after events proved the wisdom of this, as the wound cleaned up and the limb was saved.

There were many cases of severe burns, two of which had head injuries in addition and died on board. One of these was an engineer, who had suffered from pneumonia for six weeks on board the Emden. Altogether four deaths occurred on board us from among the German wounded. Most of the remaining cases had multiple lacerated shell wounds, with smaller or larger pieces of flesh blown away or penetrating tortuous holes, with metal buried in the tissue. Quite often this metal was found just under the skin on the opposite side of the limb. Most of the wounds were charred. In one case a large amount of gluteal tissue was taken out in the region of the right anterior superior iliac spine with fracture of the ileum. This man, in addition had a compound fracture of the right arm and numerous other wounds. A man was very lucky if he had less than 3 separate shell wounds. He was in a very low condition when we landed him, and it is doubtful if he will live.

In cases where large vessels of the leg or arm had been opened, we found tourniquets of pieces of spun yarn, or a handkerchief, or a piece of cloth bound round the limb above the injury. In some cases, I believe the majority, they had been put on by the patients themselves. One man told me he had put one on his arm himself. They were all in severe pain from the constriction and in all cases where amputation was required, the presence of these tourniquets made it necessary to amputate much higher than one would otherwise have done. But no doubt their lives had been saved by the tourniquets. There was very little evidence of any skilled treatment before they arrived on board. Naturally the German Surgeon had been very much shaken and handicapped. His station in

action was the stokehold, which was uninjured. His Assistant Surgeon was less fortunate, his station being the tiller flat aft, and when they were badly struck aft, fire broke out above him, whereupon he went up and was blown overboard, slightly wounded. The steering party remained in the tiller flat and were unhurt. After being blown overboard the Surgeon managed to get ashore, and during the night he lay helpless and exhausted, dying of thirst, along with a few others who had also got ashore. After much persuasion he got a Sailor to bring him some salt water, of which he drank a large quantity, and straightway became raving mad and died.

Having now cleared up most of the immediate work we had the theatre straightened up once more and cleared, after the constant stream of filthy cases had left it in a pretty mess. Operations had had to be discontinued at noon, but we recommenced at about 6 p.m., and did not stop till 4.30 a.m., Wednesday morning. The first case taken was a German whose right leg had been almost severed just above the ankle. The German Surgeon, assisted by Dr. Ollerhead, with Dr. Todd as anaesthetist, amputated the leg successfully in the middle third. The case did very well.

We now gave our attention to our own wounded and after dinner started on "A". This boy had over thirteen separate shell wounds, most of them very severe. They involved the right thigh, buttock, leg, and foot, both bones were fractured 2 inches above the ankle and, in addition there was a large area blown out of his left groin, exposing the femoral vessels and spermatic cord. It looked at first as though we would have to amputate, but we decided to give him a chance, and after cleaning up the wound with soap and water, hydrogen-peroxide, and iodine, and removing the metal accessible, Iodoform grains were inserted and the leg was put up in a back and side splints. It took Dr. Ollerhead and myself, working hard 2 solid hours to complete the case. Dr. Todd gave the anaesthetic, which the patient stood very well. This poor fellow had been in considerable pain. He was now put in charge of a special nurse in the Commander's Cabin. All future dressings had to be done under anaesthesia for about fourteen days, but the latest report is that the leg has been saved.

After doing the operation mentioned above, the German Surgeon became more of a hindrance than a help. During the evening he broke 4 of our syringes without successfully giving an injection, and he was sent to take a rest which he needed badly. Next morning he had improved considerably and he was able to take the place of Dr. Ollerhead when the latter returned to Cocos Island.

The next case taken that night (Tuesday) was "M". He had a shell wound in his back the size of a half crown, just below the last rib on the left side. Earlier in the day he had retention of urine, and a catheter was passed, drawing off almost pure blood, so evidently the fragment had lodged in, or passed through, the kidney. The patient had had a good deal of pain and haemorrhage, but, apart from the pale colour, he was very fit. Under chloroform the wound was cleaned up and I traced the track of the fragment with a probe below the twelfth rib 3 inches from the middle line, but could feel nothing. The wound, which was foul, was enlarged with a scalpel and I tried to get my finger on to the metal, without

success. Eventually, before doing too much cutting, and from fear of carrying in infection too deeply, I decided to wait, and contented myself with draining the wound. The blood in the urine was much less on the following day and the patient had no retention. He continued to improve, and within 2 days there was no trace of blood in his urine. He was landed in hospital very fit, but still with a fragment in his kidney, and some slight discharge from the wound. Later news says that he is convalescent. It was now about 12.30 a.m. and after a solid and anxious day, all were pretty well done up, especially the two sick berth ratings. They had worked wonderfully well and had now to be sent to bed thoroughly exhausted.