Excerpt from HMAS Sydney I Medical Officer’s log during action with SMS Emden 09 November 1914

Surgeon Captain Leonard Darby

At 7.30 a.m. rumour went around the ship that a strange War ship was at the entrance to Cocos Islands 50 miles distant. Soon this was confirmed and though we had had many false alarms previously, I went to the Sick Bay and gave instructions to S.B.S. Mullins to get everything below and prepare for action.

The stations for the surgical party are, the fore and after ammunition for the stretcher bearer and two theatres, one for each Surgeon and his assistants, are prepared in well separated stoker’s bathrooms which are situated in the tube running up the centre of the ship. The bathrooms are 10ft x 8 ft x 7 ft in size and are supplied with hot and cold water also they contain lockers in which dressings can be stowed. Though not quite below the water line they are well protected above by two decks and on the sides by armour and coalbunkers.

One of the bathrooms I have appropriated during the war and it is permanently rigged out as an action theatre with operating table instruments and dressings stored there for immediate use. Unfortunately, only two days before the action I had everything taken up to the Sick Bay and had the bathroom painted out intending to return to it on this very day when the paint was dry. Before the action began at 9.30 there was only time to get things down below without proper stowing so that there was confusion and one could not put one’s hands on things as quickly as would have happened at any other time. The No ii action theatre is not kept ready but is hurriedly fitted out with a Sick Bay mess table as an operating table and with stores which are taken aft along the tube from No 1 theatre.

Adjacent to these stations are six other bathrooms which are hurriedly cleaned up as well as possible under the circumstances and which are very useful as clearing stations and as shelter places for the wounded brought below.

In addition to the water supply in the bathrooms, we had an emergency supply of boiled water in the Captain’s and the ward-room galleys which situated further aft along the tube. It was fortunate this was so as ten minutes after our guns had been firing the water came through the bathroom taps black muddy and useless.

On sighting smoke on the horizon I went round the guns and to the fire control stations to see that the first aid bags were correct - thence to the Sick Bay to see if anything useful had been left behind and before I was able to get below our guns had opened fire at 11,000 yards.

The Emden soon hit us and within 5 to 10 minutes the first wounded wounded (sic) Man was brought below to me by members of an unengaged gun’s crew, the stretcher party having ordered not to go on deck during the action unless directly ordered. Most of the wounded were got below by man-handling which was found to be quicker and less awkward.

The first man was Meldrum O.S. R.A.N. He was in the after control when two shells entered it and he sustained a fractured (R) leg and 13 other wounds. He was in great agony so I gave morphia and ordered Mullins S.B.S. to attend to the wounds and quickly apply a splint for by this time a constant stream of wounded men requiring urgent attention were being brought down to the theatres. The second case was Sharp A.B. R.N. shot through the chest and bleeding freely, with the apex of the heart beating through a gaping hole in the chest, loud inrush of air into the chest and air hunger being marked. Pads were rapidly applied to the wounds with tight bandages and a large dose of morphia was given.

Before this case was attended to Gascoyne A.B. R.A.N. was brought down. He had various shell wounds in the (R) leg, thigh and buttock and his (R) eye had been pierced at the same time by a small fragment of shell. Lynch P.O. RN. and Bell AB. R.A.N. were carried below immediately after having both been struck down by a bursting shell at an unengaged gun. These two men were very badly wounded and the former was in terrible agony. He had been shot through the abdomen, (L) hypogastrium, the fragment emerging in the (R) Lumbar region leaving 6 inches of omentum hanging out of a hole near the (R) kidney.

In addition patient was burnt from head to foot. Bell was shot through the base of the heart and soon
died. I hurriedly administered large doses of morphia and attended to first dressings.

Meantime two more men Horne AB. R.A.N. and Williamson O.S. R.A.N. had been brought down and all available space near No 1 theatre was taken up so I gave orders to the stretcher parties, some of whom had arrived to give first aid, to convey the wounded who were temporarily dressed to the Wardroom and place them on beds and blankets taken from the cabins.

Horne was wounded at the same gun as Lynch and Bell and was wounded badly in both feet the left being almost shot away. Williamson was at the after control and had a large gaping wound in the (R) thigh and severe bums of face hands and forearms from our cordite which caught fire.

Whilst these men were being attended to I received a message from the Captain to send for a wounded man on the upper bridge. The forward stretcher party was sent up to bring down this man. Soon after this all the wounded with the exception of Bell A.B. who had died within ten minutes of corning down, had been removed to the Wardroom and laid upon the beds on the deck. This place was only protected by thin armour but room had to be made near the theatres for probable fresh cases and this was the only available space. Fortunately no damage was done to this part of the ship and now the Emden was only available space. Fortunately no damage was done to the ammunition and fire parties and at the best madness was a mad inferno. The "tube" was full of men belonging to the ammunition and fire parties and at the best of times there is little room here so the constant control and had a large gaping wound in the (R) thigh and severe cordite burns of face hands and forearms from our cordite which caught fire.

The wounded man was Hoy A.B. R.N. he was working the range finder on the fore bridge when it was struck by a shell which did not explode. His left leg had been shot away at its juncture with the body and was a horrible sight. He had lost a tremendous amount of blood and was almost dead on arrival below. I sent for Surg Todd and got the patient's clothes cut away rapidly and had him placed on the operating table. We then administered one pint of Normal Saline subcutaneously and started to trim up the stump which consisted of a ragged end of skin fascia, muscles, nerves and vessels, longer posteriorly than anteriorly. There was scarcely enough flap left to cover the stump. After making a few cuts in clearing away the ragged ends the patient died.

He had been wounded some time and the haemorrhage had stopped when he arrived below, but, it was hopeless from the outset and he must have lost a fatal amount of blood in a few seconds during a hot period of the engagement when nothing could be done for him. This was the last of our wounded excepting two slight cases Stevenson Ord. Sig R.A.N. small fragment in (L) forearm and Hooper A.B. R.A.N. slight wound of (L) leg. These cases were attended to some hours later.

Cease fire sounded at 11.15 a.m. after we had been working two solid hours in a very confined atmosphere and a temperature of 110 (degrees) F. The strain had been tremendous and S.B.S. Mullins who had done wonderfully well with me started off to faint but a drink of brandy saved him and I was very glad of a similar drink at the time.

Our clothes were saturated with blood and perspiration and altogether it had been a terrific two hours of high tension. We had been ably assisted by the first aid party and especially Tillbrook Off. Std R.A.N., Holley M.A.A. R.N, Paymaster Norton R.A.N. and Chaplain Little R.A.N.

The Wardroom now contained eleven (11) cases and most of them were restless and groaning in agony. The initial dose of morphia, in no case less than Gr 1/2 had been of slight value and I have good reason to suppose that the solution in the Ampoules supplied had deteriorated. Fresh doses of Morphia were administered and iced water, soda water and brandy to various cases as thought fit. The initial lotion used for wet-dressings and cleaning was Hydroxy Perchlor, mainly because it was convenient, in strength of one tabloid to 1 ½ pints of water. The Picric Acid dressings in the first aid bags were found most useful in the case of burns.

During the action the space below seemed like a mad inferno. The "tube" was full of men belonging to the ammunition and fire parties and at the best of times there is little room here so the constant...
supply of wounded men was considerably hindered. All this time we knew not how the fight was going we could only hear the shouts for ammunition and the continued rapid fire of our guns. At one time we heeled over and the operating table with Hoy upon it took charge. It seemed as though we had been hit but it was only a sudden alteration of course as we soon discovered.

Our constant attention was now taken up by two cases, Lynch and Sharp. Normal saline was administered in the first case subcutaneously because no vein could be found and in the second case into the Median Basilic by means of a needle through the skin. Wounds were redressed and all methods of reducing shock tried. Lynch was hopeless from the first and died two hours after being wounded after going through much pain. Sharp somewhat improved after the saline but air hunger was pronounced and he complained of constriction round the chest and tried to tear off his bandages. There was oozing of blood from his wounds and his pulse was very weak.

The other cases were not quite so urgent but many were in considerable pain and all that could be done was temporary until operative interference could be carried out. The Wardroom was hurriedly rigged up as a hospital and lotions, dressings and instruments were placed handy. The first aid party did excellent work now in looking after the wants of the wounded.

The actual extent of the injuries could not be definitely made out until the cases were under anaesthesia. As soon as the sick berth staff could be spared I gave orders for the Sickbay to be rigged up as an operating theatre with all despatch. This entailed an enormous amount of work on account of the state of the recent site of activities and of the Sickbay which was flooded with water from the fire mains. The muddle below was unavoidable owing to lack of space and the speed with which one had to work so it took some time to sort out things and have them conveyed back to and arranged in the Sickbay.

Besides this there were many interruptions due to requirements of the cases and all through the afternoon and evening German sailors were being picked out of the water some of them in a very collapsed condition. One man had been in the shark-infested sea for nine hours and he was brought after some trouble. Another man was rather badly wounded in the leg and belly.

It was found impossible to do any surgery (operative) until the following day for numerous reasons nor was it considered advisable on account of the condition of the wounded. The Sickbay staff were too exhausted to get the theatre ready with instruments and dressings sterilised for the first day and none of us including Surg Todd and myself was in a fit state to undertake operations until we had rested especially as we saw there was a solid time in front of us. Until midnight we were attending to the wants of the patients - changing dressings, giving hypodermic injections, passing catheters etc. The two S.B. ratings were sent to bed at 10 p.m. thoroughly exhausted and Surg Todd and myself took four-hourly watches from midnight. The first aid party and volunteer nurses under Tillbrook (Off. Std) and Holley (M.A.A.) were told off into watches to do the nursing.