

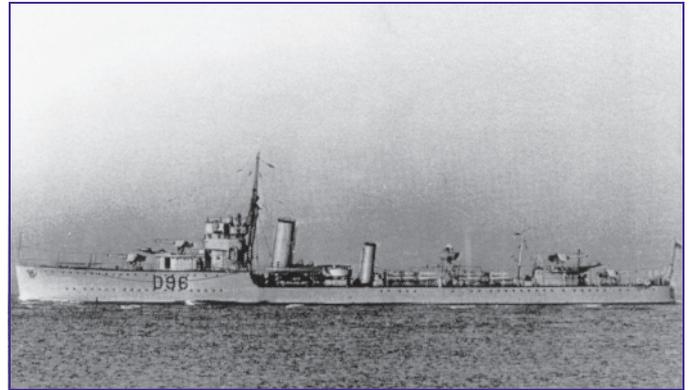
## Paediatrician remembers naval battle

Captain Ian SC Jones, RFD, RANR

RECENTLY QUALIFIED doctors undertaking advanced training overseas often return to Australia wiser, better qualified and having fond memories of their time in another country. Retired Brisbane paediatrician Dr David Jackson, AM, DSC, not only achieved these goals, but his experiences overseas included distinguished service in the Battle of the Straits of Dover.

In 1939 Jackson was working at Birmingham Children's Hospital as a trainee paediatrician.<sup>1</sup> On the outbreak of war with Germany, he applied to join the Royal Naval Volunteer Reserve. After some bureaucratic delays, his application was accepted and he underwent some basic naval training. He was posted to the 16th Destroyer Flotilla, based at Harwich, and joined HMS *Worcester* as Medical Officer. *Worcester* was a 1120-ton destroyer launched on 24 October 1919, commissioned on September 1922, speed 34 knots, four 4.7-inch guns, three 21-inch torpedo tubes. The flotilla's main task was to escort ships along the east coast of Britain and protect them from the enemy air force and navy.

On 11 February 1942, three large German warships slipped out of the occupied French port of Brest to make their way up the English Channel and reach their home ports in Germany.<sup>2</sup> These ships were the battleships *Scharnhorst* and *Gneisenau* (both 26 000 tons and each with nine 11-inch guns and twelve 5.9-inch guns), and the heavy cruiser *Prinz Eugen* (10 000 tons, with eight 8-inch guns and twelve 4-inch guns). They and their escorting destroyers, with heavy and continuous fighter plane cover, sailed through rough weather to complete what has been called the "Channel Dash".<sup>3</sup> The Germans succeeded in jamming the British radar that monitored Channel activity and tricked the British by sailing from Brest and traversing the Channel during daylight, under cover of low cloud and bad weather. This ploy resulted in a delayed and poorly coordinated British response. However, the 16th Destroyer Flotilla sent six destroyers, including *Worcester*, to intercept the superior German force. One ship, HMS *Walpole*, broke down, leaving five destroyers to attack the Germans with torpedoes. Jackson vividly remembers as he went to his battle station at about 1530 hours seeing the enemy battleships and the Royal Navy destroyers steaming at full speed with their battle ensigns flying as they engaged the enemy.



HMS Worcester.

During the battle *Worcester* steamed to within 2000 yards of *Gneisenau* before firing her three torpedoes. As a result *Worcester* sustained multiple hits to the starboard side (close to Jackson's battle station in the ship's sick bay) plus extensive shrapnel damage. At 1600 the ship lost all power, lighting and steering. One enemy shell caused damage that extended below the waterline, resulting in the ship listing to starboard and starting to sink stern first.

The rolling of the crippled ship in the rough seas and the cold of the severe winter weather seriously hampered the crew's efforts to save the ship; nevertheless, power was restored at 1718. It was lost again between 2020 and 2130, but throughout the night the crew laboured on, and *Worcester* eventually reached port next day.

During the engagement Jackson was knocked unconscious by a shell blast. Upon recovering some time later, he and Sick Bay Attendant Shelley became extremely busy moving between the wounded in many different parts of the darkened, damaged ship applying bandages and giving morphine to ease the pain of wounds (the Box gives a casualty list). Medical facilities on the damaged ship were very limited because of shell damage to the sick bay and the two aft first aid stations. Those who sustained compound wounds to the lower limbs were cared for on the open deck. In the rough seas and darkness, it was neither possible nor prudent to move these severely injured men down narrow stairways through battle-damaged structures to the sheltered decks below. A very real possibility was that the ship would sink or even be attacked again by the German destroyers that were known to be in the area. If, in either event, the ship had to be abandoned, it would have been almost impossible to get the wounded back up on deck. Staying upright as the crippled ship rolled about in the rough seas would have been an achievement in itself. All crew

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members risked injury and death carrying out their duties under these trying circumstances.

Many of the less seriously wounded were cared for in the Captain's day cabin, but others continued at their stations without medical assistance

At some time during the night Jackson accompanied the First Lieutenant on a tour of the ship to undertake the unpleasant task of identifying the dead and preparing them for burial at sea. This task and continuing care of the wounded continued until 0300 on the day after the battle. Jackson clearly remembers that he lost all sense of time and that everyone had to shout at each other in their attempts to be heard, because they had all been deafened by the naval gunfire earlier in the fight.

Jackson talks with great pride and emotion of his feelings as *Worcester* slowly limped into Harwich harbour. Every ship they passed cleared decks and, with their ship's companies paraded aft, cheered *Worcester* and her crew.

In his Medical Officer's journal, Jackson commented that he splinted fractures in the position in which he found them,

### Casualties aboard HMS Worcester, 12 February 1942

Partial list of injuries sustained, prepared from a copy of the ship's medical journal dated 19 Feb 1942:

- Multiple shrapnel wounds + compound fracture left ulna
- Multiple shrapnel wounds + enucleation left eye
- Penetrating wound left thigh and foot
- Multiple shrapnel wounds back of arms and legs
- Six cases of hypothermia
- Superficial abrasions
- Wound sole right foot
- Wound left forearm
- Injury right ankle + wounds to fingers right hand
- Injury to back + foreign body right eye
- Wounds and abrasions both hands
- Abrasions right forearm
- Wound right hand + injury right hand
- Wound left elbow + abrasion right leg
- Abrasions face
- Wounds both hands
- Amputation of forearm (subsequently died)
- Four with compound fracture lower legs
- Compound fractures of arm and leg
- Compound fracture wrist
- Inguinal wound

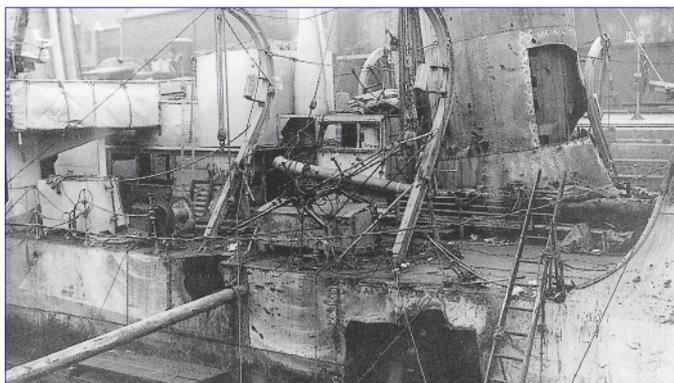
Killed, missing or dead = 24

Dead after landing = 3

Wounded and admitted to hospital = 46, of whom 2 were considered serious and 4 dangerous cases.

Slightly wounded and treated in hospital = 21

**Total killed and wounded: 94 of 139 crew.**



Shell damage to the starboard side of HMS Worcester

washed wounds with Dettol and packed open wounds with Flavine packs. He found managing hypothermia and other causes of shock difficult because of his limited facilities. He also found it difficult to examine injured men on the open deck at night using only a torch, and recorded finding other wounds to the back during his secondary survey only when he noticed blood coming from under the patient. Jackson visited many of the injured in hospital over the next 48 hours and he records being struck by the absence of wound infection despite the delay of more than 24 hours from injury to surgery. In hospital nearly all of the wounds required debridement, irrigation, spraying with streptocidal powder and packing with Vaseline gauze. Fractures were reduced and immobilised in well-padded closed plasters. Later Jackson found out that there were no complications in the healing of these wounds and fractures.

For his part in the Battle of the Straits of Dover, Jackson was awarded the Distinguished Service Cross. His citation reads: "For daring and resolution in daylight attacks at close range and against odds on the German battle cruisers Scharnhorst and Gneisenau and the cruiser Prinz Eugen".

Despite the efforts of *Worcester*, the other Royal Navy destroyers and the Royal Air Force (which lost 49 planes in attacks on the German fleet), the Germans succeeded in reaching their home port.



Shrapnel damage to the bow of HMS Worcester.

At the instigation of his long time friend and fellow paediatrician, Professor John Pearn (Surgeon General ADF 1998–2000), Dr David Jackson was the honoured guest at a special dinner held at the United Service Club in Brisbane on 12 February this year, the 60th anniversary of the battle. David was presented with memorabilia of the action and he reflected on his time in the Royal Naval Volunteer Reserve.

## History

# War and medicine in the nineteenth century

Lieutenant Colonel Robert L Pearce, AM, RFD, MB BS, BA, FRCS, FRACS, FRSA, FRSH, FRGS, FLS, FACTM, FAIM, MAIBiol, RAAMC

IT IS DIFFICULT to know if any nation is ever adequately prepared for war, particularly in view of the unpredictable nature of the political and socioeconomic ramifications of major conflict. Such lack of planning and preparation has often proved costly. The post-Wellington period in Britain is a good example of the administrative and logistical disarray arising in an otherwise proven military organisation through a generation of government parsimony and inattention. Largely because of their non-combatant role, the military medical services of the period suffered a lack of recognition and low priority in planning, finance and facilities. The necessity of maintaining an active medical organisation, and what level of preparedness it should have, will always be open to question during peacetime. But the sad deficiencies brought to light in successive battles have been shamefully and painfully repeated, while the lessons learned have frequently been forgotten or ignored.

Not only casualty rates but often the outcome of wars have been determined by the health and fitness of armies and by the dedication of medical support services.

## The Napoleonic wars

The Napoleonic wars, at the beginning of the 19th century, introduced some important developments in military medicine. Most significant was the work of the military surgeon Dominique Jean Larrey, who, with courage, skill and determination, evolved a system of immediate treatment in the

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## Abstract

Casualty rates and the outcome of wars have often been determined by the health and fitness of armies and the dedication of medical support services. Major changes in the care and evacuation of battle casualties were seen during the Napoleonic campaigns, but periods of conflict have traditionally been followed by years of administrative and logistic disarray. The developing military medical organisation has experienced a protracted, slow, sometimes painful, evolution. In the Crimean War and the American Civil War — both wars fought by highly organised and wealthy nations — the lack of medical preparedness was a factor in high casualty rates from disease and high mortality rates for casualties in medical care.

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field, as he himself wrote in his *Mémoires de Chirurgie Militaire et Campagnes*:

... at Aboukir there were 1900 wounded, and many amputations were performed in the field of battle amid a shower of bullets.

Larrey instituted early evacuation of the wounded by means of “ambulances volantes”, which were light, two-wheeled, well-sprung vehicles, each drawn by two horses, although, of course, Ambroise Paré had used carts and waggons in 1552 to evacuate the wounded after the retreat from Metz.<sup>1</sup> Like Paré, Larrey often disregarded rank, insisting on treating the severely wounded first. Larrey can rightly be said to have awakened the conscience of mankind to the inhumanity of war.

To his great credit Bonaparte, following his success in Egypt in January 1799, ordered Larrey to check on the surgical staffing of the regiments and *demi-brigades*. Larrey was to ensure that the senior positions were held by those with