

Paediatrician remembers naval battle

Commander Neil Westphalen, MB BS, FRACGP, DipAvMed, RAN, Senior Medical Officer.

Fleet Base West Health Centre, HMAS STIRLING, Rockingham, WA 6958.
neil.westphalen1@defence.gov.au

TO THE EDITOR: Jones's recent *ADF Health* article¹ has at least two indirect Australian connections. The first (admittedly tenuous) link is that the German name for what the British termed the "Channel Dash" in February 1942 was Operation CERBERUS, a name familiar to all Royal Australian Navy personnel.

More importantly, Dr Jackson's ship, HMS WORCESTER, a modified "V&W" class destroyer, was a sister to four of the five ships making up the RAN's "Scrap Iron Flotilla", which became well known to the Second Australian Imperial Force during its evacuation from Greece and Crete and the "Tobruk Ferry Run" in 1940–1941. It was during the Tobruk Ferry Run that HMAS WATERHEN was sunk by German dive-bombers in June 1941, the sole casualty being a soldier wounded by a tin of bully beef.² Of the remainder, VAMPIRE was sunk by Japanese dive-bombers in April 1942 off Ceylon, with nine of 120 men killed and two dying of wounds, while VOYAGER's crew had a brief enforced stay in Japanese-held Timor after she ran aground while landing reinforcements for "Sparrow Force" in September 1942.³ As a result, of the five "Scrap Iron" ships, only VENDETTA and the Scott class destroyer leader STUART survived the war.

It should be noted that when the "V&Ws" were built, no provision was made for a sickbay. Between the wars, British destroyers only operated in flotillas of up to eight ships. The flotilla leader had the only medical officer and medical orderly, while the other ships made do with their coxswains. It was only after the outbreak of war that the more dispersed nature of destroyer operations, combined with the threat from magnetic mines, led the Admiralty to realise that a medical officer was required aboard every destroyer working in a high-threat operational area. The resulting demand for an additional 94 medical officers over and above an existing requirement for 800 caused considerable disruption to the internal workings of the Royal Navy Medical Service.⁴

Jackson (in a personal letter, dated 1 November 2002) advised me that WORCESTER's sickbay was located in the forward superstructure on the starboard side, immediately under B gun (ie, second mounting from the bow). It had one bunk, desk and washbasin, laid out similarly to an officer's cabin. The sickbay itself was badly damaged during the action, not only by a direct hit but also by splinters from an Oerlikon (20 mm cannon) ammunition locker located about four metres away. Jackson has a clear memory of the screen door directly opposite the sickbay door being blown open, with a sailor outside being blown through both doors straight into the sickbay. Fortunately, Jackson and his medic were flat on the sickbay deck at the time.

Jackson recalls the medical stores and equipment being somewhat inadequate. The sickbay had some Thomas splints and a large "No 5 chest", the latter containing lots of drugs and powders in small bottles ("... as if someone assumed we would do some dispensing!", he writes). There was a smaller chest somewhere aft (possibly in the ship's office), but, as the aft compartments were flooded during the action, access was impossible. The most useful (and heavy) auxiliary medical supplies were in tin boxes painted white with a red cross, with one located at each gun position and possibly elsewhere. These had originally contained plaster bandages, but after the evacuation of Dunkirk his predecessor used them to stow first-aid materials such as field dressings, cotton-wool, gauze and tourniquets.

The most striking impression brought home to me by Jackson's letter was the *ad hoc* nature of the medical facilities and stores on board these ships, two and a half years after the outbreak of war. When it is also considered that space for a sickbay had to be found in ships with over half the crew but only a quarter the displacement of a modern guided missile frigate, it suggests that the efforts of medical officers such as Jackson were all the more commendable.

On 23 December 1943, WORCESTER had her stern blown off by a mine in the North Sea, fortunately without casualties. Although she was towed to Harwich, she was not repaired.⁵

1. Jones ISC. Paediatrician remembers naval battle. *ADF Health* 2002; 3: 86–88.
2. Cassels V. Australia's naval heritage: the destroyers. Sydney: Kangaroo Press, 2000: 196.
3. Gill GH. Australia in the war of 1939–1945. Series 2 (Navy). 2 Vols. Canberra: Australian War Memorial, 1968.
4. Coulter JLS. Medical history of the Second World War: the Royal Naval Medical Service. 2 Vols. London: HMSO, 1956.
5. Kemp P. The Admiralty regrets: British warship losses of the 20th century. UK: Sutton Publishing, 1999: 226.

(Received 18 Nov 2002, accepted 24 Nov 2002) □

Call for Papers

Australian College of Ambulance Professionals

National Prehospital Care Conference

Hobart

19–20 September 2003

Interested professionals are invited to submit papers for presentation at the ACAP2003 Conference. There are two categories of papers: major presentations and free papers. Closing dates are 30 April and 30 May 2003, respectively. For further information, or to submit a paper, please visit the ACAP website (www.acap.org.au) or contact:

Dale Edwards

tel. (03) 6434 6976 mob. 0418 735 986

email. dale.edwards@dhhs.tas.gov.au