The risk of sexual transmission is small but exists. The use of barrier methods of contraception should be discussed with any prospective sexual partner. Issues arising in pregnancy should be discussed with a doctor who is a specialist.

FOLLOW-UP OF A PATIENT WITH A NEGATIVE PCR FOR HCV RNA, NORMAL ALT AND LIVER BIOPSY THAT IS EITHER NORMAL OR SHOWS MINIMAL INFLAMMATION

Such a patient is at low risk of ultimately developing cirrhosis, but due to our inability to predict the outcome with certainty, annual review with repeat estimations of ALT and HCV RNA is sensible.

PRECAUTIONS FOR CARE WORKERS WHEN DEALING WITH HCV INFECTED PATIENTS

Wear gloves and protective clothing where exposure to bodily fluids, especially blood, is likely.

Cover cuts or abrasions.

Avoid penetrating injuries by contaminated items.

If such injuries occur, encourage bleeding by squeezing the wound and then wash it thoroughly in warm, running water.

Practical point

There is no evidence that treatment with interferon prevents HCV infection in health care workers who have suffered needlestick injuries, but it may reduce the rise of chronicity in those who develop acute infection.

TOWARDS VICTORY IN EUROPE: THE BATTLE FOR WALCHEREN (PART II)

J. O. Forfar, * Medical Officer, 47 Royal Marine Commando

THE ASSAULT ON FEDELO

The attack would be at close contact as there was no air cover, no supporting artillery fire, no tanks and no weapons heavier than the mortars and machine guns carried by the HW troop. The approach would be a ‘down, up at the double, down’ affair with success depending on field-craft, skill with small arms and grenades and the dash and determination of the marines. Sir Arthur Bryant’s dictum would apply:

‘On the day of the battle everything turns, not as in a ship on the captain, but on the individual private.’

‘Y’ troop led the attack on W11, (Fig 12, p 473) crossing the start line at H-Hour (1700 hrs). Almost immediately an enemy shell or mortar caused seven casualties. These were carried back to the RAP. ‘Y’ troop then advanced on W11 capturing the first two objectives. Captain Flower, the troop commander, was wounded in the chest and arm by a German stick grenade (a grenade fixed to a wooden handle which enables it to be thrown further). Despite this he rushed a German weapon pit under fire, killing with his Tommy gun the three men manning it. ‘A’ troop then took over and although the troop sergeant major and a marine were killed by fire from the direction of the pumping station on the left (northwest) of the main battery (Fig 12) the troop advanced to a position close to the so-called ‘umbrella’ feature (Fig 3(b), p 456). ‘Y’ troop had then to deploy a section to deal with the fire coming from the direction of the pumping station but the remainder joined ‘A’ troop on the forward attack. The joint ‘A’ and ‘Y’ troops then split, one section going to the left and one to the right. As the attack was pressed home Captain Dobson, the ‘A’ troop commander, was wounded and Lieut. Style who rushed an enemy position was killed when he was met by a shower of stick grenades. Casualties were occurring all the time. The remainder of ‘A’ and ‘Y’ troops under Lieuts. Wenham and Winter continued to try and find a way into the main battery position by going round it. ‘B’ troop in support now crossed the start line but after covering 400 yards its troop commander, Captain Moyes, was wounded. Lieut. Lloyd took over. As the troop came under heavy fire at close range from an enemy machine-gun post Troop Sergeant Major England charged alone up a soft sandy slope firing a Bren gun from the hip. He killed two of the machine gunners and the remainder fled. As he worked forward to another position thirty yards further ahead two of his troop joined him. They killed two more Germans and two surrendered. About the same time ‘X’ troop without their commander, who had been wounded, joined the attack with orders to approach from the left. They were caught in an open position, extricated themselves after suffering casualties, were caught again and again extricated themselves by throwing grenades.

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Despite these advances and the capture of one of the outer casemates the main objective had not been taken and the attack was running out of momentum. It had already cost many casualties, it was now dark, all the troop commanders had been wounded and wireless communication had failed. The sections, scattered and disorganised, had to operate on their own. It now appeared that a concentration of the enemy was forming on the left flank for a counter attack. At this point the CO sent the adjutant, Captain Spencer, forward to withdraw the troops to a ridge 400 yards back with a view to retaining a base and reorganising the depleted troops for a further attack. By 2100 hours Col. Phillips had decided that the attack could not continue that night and that he would regroup the remaining forces under Captain Spencer with a view to mounting a further attack in the morning.

Transporting casualties and taking prisoners
Thirteen marines had been killed outright and 32 wounded (two of these died two and three days later). The withdrawal of the troops meant that casualties who could not walk had to be brought out from the battery area and then carried to the RAP bunker half a mile away beyond the anti-tank obstacles. They received, on the spot, such first aid as was possible. The task of transporting them was performed by the withdrawing troops, the troop medical orderlies and the RAP personnel. Darkness provided cover but made direction-finding among the dunes difficult and the carriage of stretchers up and down the shifting sands was exhausting. From the RAP the casualties had to be transported a further half mile to Zoutelande where the 17th Canadian Field Ambulance had been established in the school. Two of the medical orderlies had been wounded but even had they not been the medical staff could not have coped with the transport of the casualties without a great deal of help. This help came from two sources, the marines themselves and, from the RAP to Zoutelande, German prisoners. Thus odd caravans of mixed British marines and German soldiers carrying those whom the latter might have been instrumental in wounding threaded their way through the dunes. Among the British there was some talk; the Germans remained silent and none sought to escape, which in the dark would have been easy. A number of wounded German prisoners were also treated in the RAP and carried back to Zoutelande. Only later that night was it possible to commander one of the few remaining LVTs along with a Weasel to assist in transporting casualties from the RAP to Zoutelande, but the Weasel broke down.

Later that night while Spencer was establishing his defensive position the counter-attack took place. German soldiers came over the shoulder of a nearby ridge and opened fire. In the confused situation in the dark Spencer thought that they might be members of 47 Cdo and called out, ‘Cease fire. Is that 47?’ Back came the reply in German calling on the commander to surrender. Fortunately Spencer was a fluent German speaker and his reply left the Germans in no doubt as to what he intended to do. With Spencer directing and co-ordinating the defence the attack was driven off as were further attempts by the enemy to infiltrate the position during the night.

That night there was another strange occurrence. As the dunes were being combed for casualties one of the medical orderlies appeared with a group of German soldiers. It was not the function of medical orderlies to capture soldiers but what was more remarkable was that with the orderly was a group of nurses in uniform. In the dark a short distance away the orderly had come across a bunker apparently deserted. As he approached it warily he espied what he thought was a female figure waving to him from the dark recess of the bunker’s entrance. Never a man to refuse a lady, but suspicious of a possible trap, he approached cautiously and ascertained that the shadowy figure was indeed a female. When he beckoned to her to come out not only did one nurse emerge but three. Language difficulties prevented adequate communication but the nurses indicated that inside were some German soldiers who wished to surrender. He agreed and a group of soldiers came out with their hands up. A proud lance corporal had achieved this distinction of ‘capturing’ an enemy bunker single-handed and rescuing three rather frightened maids. Inside the bunker were a few more German soldiers said to be wounded. One of them, apparently anxious to please, handed me a photograph which later turned out to be that of the local area commander, Kapitan Hans Köll. The nurses were taken to the RAP and later that night loaded into an LVT taken wounded to the Field Ambulance at Zoutelande. There was much enthusiasm among the marines for being detailed for ‘protection duties’ for the nurses. The arrival of a group of frightened somewhat sheepish nurses at the field ambulance in a situation where its staff were surrounded by seriously wounded men caused an initial ripple of surprise and then the indication that the nurses would be put to useful work.

Well after one o’clock in the morning when the last of the wounded had been transported to the field ambulance and I had returned to the RAP, yet another strange event occurred. One of the medical orderlies was outside the RAP accompanied by a German officer who indicated that he wanted to see ‘the British medical officer’. The German officer spoke some English, enough to indicate that he was a regimental medical officer and that he had a collection of wounded German soldiers in a nearby bunker. He went on to explain that he was not a fully qualified doctor but a medical student who had only partially completed his undergraduate training when, a short time previously, he had been called up for the army. His concern was about a German soldier who had been seriously wounded and who in his view required an immediate amputation of his leg. The German ‘doctor’s’ problem was that his medical training had been so limited that he did not consider that he was competent to amputate a leg. Would I come and amputate it? I had dealt with legs and feet blown off by mines but during my short postgraduate career had never performed a ‘cold’ amputation and was not too sure that I felt very competent to undertake this task either, particularly in this environment. There was something sincere but rather pathetic about this medical student. He was out of his element both in the army and in medicine, confused by conflicting loyalties towards his professional and military responsibilities and very conscious of his own inadequacies. He knew that the Germans were trapped with no prospect of evacuating their wounded until the battle was resolved. He had been willing however, at considerable risk to advance alone and seek out the medical officer of the troops his combatant colleagues were doing their best to kill. He knew his way about the trackless dunes, even in the dark, and I followed him.

The bunker we entered may well have been a different part of the one from which the nurses had come or an adjacent bunker. It was a bunker adapted as a sick bay and had a number of wounded German soldiers in beds. One of these was the soldier with the damaged leg. He was shocked, semi-conscious and had an open infected wound of the leg. It was adequate treatment of his general
condition and the leg wound, not an amputation, which he required. Amputation would merely have precipitated the demise which, in any case seemed imminent. I explained this as best I could and gave such advice as I could convey to my somewhat crestfallen colleague who had already prepared a number of instruments, including an impressive saw, for amputation. Despite the outcome of the consultation I took my departure with a feeling of satisfaction that medicine had transcended the enmities of war.

The attack rejoined

During these events important consultations were taking place at the unit’s tactical headquarters. The Brigade commander, Brigadier Leiceste, had come forward accompanied by Lieut.-Col. Moulton of 48 Cdo, and was conferring with Lieut.-Col. Phillips. Late as it was (0100hrs) the Brigadier urged Colonel Phillips to put in a further attack on W11 that night but, recognising that the Colonel was much more closely in touch with the situation than he was, did not order him to do so. Lieut.-Col. Phillips did not favour the proposal. Five of his six troop commanders had been seriously wounded, three troop officers had been killed or wounded, a troop sergeant major had been killed and two wounded, a troop had been decimated and other troops seriously depleted, the commando was disorganised, there were limitations on the transportation of weapons, ammunition and equipment other than those carried. A new battle plan would take time to organise. Lieut.-Col. Phillips decided to wait.

The plan to be put into action in the morning consisted of sending two troops, ‘Y’ plus the remainder of ‘Q’ under Major Donnell to the left flank from where much of the fire of the previous evening had emanated while ‘A’ and ‘B’ troops, with the Dutch section from 10 I.A.Cdo., under covering fire from ‘X’ troop, would advance to the main battery position. Lieut.-Col. Moulton had offered help and one troop from 48 Cdo under Capt. Flunder. Flunder had also come up to give covering fire, particularly with a view to negating enemy fire from the direction of the pumping station. Lieut.-Col. Phillips asked for a preliminary rocket-firing Typhoon air strike but none could be provided. A five-minute bombardment from the guns in the Breskens pocket was the best that could be provided before the attack went in.

Major Donnell’s attack on the left was successful. As his marines advanced against the pillboxes and strong points one after another of these surrendered while Flunder, operating beyond the limit of Donnell’s advance, succeeded in advancing to and occupying cottages beyond the pumping station from where he could give supporting fire against W11 as the assaulting troops moved in. The attack on the main battery by ‘A’ and ‘B’ troops and the Dutch section initially encountered more opposition. As it developed, Captain Spencer, in the absence of the wounded troop commanders, took over the task of co-ordinating and leading the attacking troops. By a series of leap-frogs in which one troop gave covering fire while the other attacked, and finally a bayonet charge by ‘A’, ‘X’ and the Dutch, the main casemate was reached and entered. The enemy morale now began to crack. Groups of Germans began to surrender and soon the whole battery was in the hands of 47 Cdo. Casualties had been minimal among the assaulting troops in this final attack. One marine was killed and nine, including seven members of the Dutch section, were wounded. Lieut.-Col. Phillips’ judgement and Brigadier Leiceste’s trust in him had been vindicated.

While the casualties among the troops taking part in the final assault were light they were less so among the battery defenders. The commando medical section had to deal with a number of German wounded and these were evacuated to the RAP at Zoutelande.

Moving south (Fig 13a) from the W11 position the commando took with it three prisoners who were instructed to call upon the defenders of pillboxes and other defensive positions to surrender. With commandos bearing down on them most did.

The last remaining battery between the commando and Flushing was battery W4 which also contained the command headquarters of the area. As it was approached on the gloomy afternoon of 3rd November a gale was blowing, the cloud base was low and occasional swirls of rain swept in from a grey and turbulent sea. The dunes were a dark, cold, wet and melancholy place. As the commando approached W4 it was met by bursts of fire which killed one marine. Shortly thereafter a white flag was seen on the enemy position.

Aware that Flushing behind them was already occupied by British troops, that 47 Cdo in front of them was preparing to attack them and that there was no escape by sea or through the flood waters inland, the occupants of W4 were trapped and prepared to surrender. There were a few tense moments when they apparently realised that they heavily outnumbered the troops to whom they were about to surrender and appeared to be considering putting up a last stand. Finally, however, their commander, none other than Kapitan Hans Köll, met Lieut.-Col. Phillips. He indicated surrender by handing over his pistol, saying as he did so ‘You will shoot me if you think I have not done my duty’. Afterwards, Col. Phillips, a man not given to external displays of emotion, admitted that at that moment he felt more like embracing Kapitan Köll than shooting him.

On the following day (4th November) I went back to the beachhead at the Westkapelle gap to see how the wounded were faring. Due to storms and the loss of so many of the ships earmarked for evacuating casualties the evacuation to Ostend had had to be stopped on 2nd November and could not be resumed until 5th November. The one casualty-carrying LCT which had got away on 5th
strength. On the night of 13th/14th January 1945 the commando crossed the Oude Maas and attacked in the dark over a flat frozen ground providing no cover. By early morning, when daylight would expose the attackers in a most vulnerable position and with casualties rising, it was evident that the position could not be taken by such a small force and the troops were withdrawn. Two officers and six marines had been killed and 41 marines wounded. It later required an infantry force six times the strength of the commando and supported by tanks to take the position.

On 18th January the commando was moved back to Walcheren to garrison the island along with the Dutch Princess Irene Brigade, elements of the Royal Engineers (manning LVTS) and a Norwegian troop. The concern of the Army was that the large German army now in north Holland might try to recapture Walcheren with an Ardennes type operation with a view to again denying the Allies the use of Antwerp. The commando base was in Middelburg with troops stationed in Veere and Zoutelande. A few hundred troops were now spread over an area which had previously been defended by several thousand Germans. Communications and patrolling the flooded island were difficult but no attempt to retake it was made. Locally, collaborators roped together as labour gangs, were being put to community tasks.

On 12th March the commando moved to North Beveland. On the same day Queen Wilhelmina left England to return, after over five years, to her country. Three days later she visited Walcheren formerly the 'Garden of Zeeland', and was shocked at what she saw. She later described, 'how tragic was the aspect offered by the Island of Walcheren, once so picturesque: a sheet of water as far as the eye could reach, with church spires and roofs rising out of it, and trees which would never put forth leaves again'.

In North Beveland 47 Cdo's task was to land reconnaissance and raiding parties on the island of Schouwen immediately to the north with a view to ascertaining whether any attack on Walcheren was being contemplated. The commando was in North Beveland when the war in Europe finished.

MEDICAL ASPECTS OF THE WALCHEREN OPERATION

Motivation and morale

The mental attitudes of soldiers before any dangerous military operation is of prime importance and no one has a better opportunity to judge than the medical officer who knows them well and accompanies them.

Already, since D-Day and prior to Walcheren, 47 RM Commando out of a landing strength of 420 had suffered 271 (65 per cent) battle casualties (64 killed: 207 wounded). The majority of the marines in commandos were young men in their early twenties, mostly recruited from 'civvy street'. When they set sail from Southampton on 5th June 1944 few had been in action before and only a few knew how they would match up to the prospect of facing the bullet which would kill or wound before it could be heard, the grenade flying through the air towards them, the mortar bomb showering chunks of jagged metal and the hidden mine likely to blow off a foot or a limb. Before first going into action in June they had indicated their motivation and shown in commando training their ability to sustain hardship, exhaustion and stress deliberately imposed, but few had any appreciation of their ability to face the risk of wounding and death.
They had yet to show that they could meet the high standards of performance in battle which they had set themselves by joining a commando.

Now, over five months, the implications of front-line soldiering had been constantly with those who had survived and with most of those who had joined later. They had seen many of their colleagues grievously wounded, flesh torn, wounds bleeding, limbs blown off, chests punctured, abdomens ruptured, or had themselves been wounded less seriously and returned to duty. Now all but the most recent newcomers knew in their own minds how the risks which they had run and were still facing affected them. When they had first set out from England they had been apprehensive but also had a sense of euphoria allied to a spirit of adventure. For a few that attitude might not have changed but for many the euphoria had gone and had been replaced by realism borne of experience. Their resolution and morale had been tested under the stress of front-line battle and, barring a few, had not been found wanting. For misfits, more appropriate duties elsewhere was the usual solution. Among commandos there was the occasional human bull-terrier who was a formidable opponent for any enemy and wished to fight for fighting’s sake. In the majority their spirit reflected many factors: their sense of duty to their country and their unit, their trust in those who led them, their sense of responsibility to their colleagues and the close bonds of comradeship, their self respect, their desire for the respect of others, particularly their relatives at home, and their conviction that they were fighting against an evil tyranny which had to be overcome. For most marines it was these factors which enabled them to exercise self-control and the will-power to overcome natural fear. At this stage of the war while V1 and V2 bombs might be putting their families at home at risk there was now virtually no likelihood that their country would be invaded by a hostile enemy with the threat to parents, wives and children that would imply. Their willingness to put their lives at risk was motivated by a higher, less primeval, rationale than defence of their own families.

Many of these inner thoughts were cloaked in officers’ mess and barrack room banter. Humour made an important contribution to morale and there was never any lack of genuine good humour no matter the circumstances. The ‘hate factor’ with which some sought to motivate British troops motivated few. Others sought to appeal to sporting instincts c.g. Monty’s ‘hit them for six’.

Loyalty to their unit and disciplined personal initiative were important elements of commando ethos. Sergeant Esther of ‘Q’ troop received shrapnel wounds of the thigh and back in the hollow in the dunes where so many of his colleagues were killed. Evacuated in due course to the military hospital in Ostend the decision was taken there, as he improved, that he should be evacuated to England. Exercising the concept of disciplined initiative somewhat liberally he ‘withdrew’ from the hospital and hitchhiked back to the unit with the explanation that he considered that his first duty was to report to his CO rather than to ‘accept the orders of a lot of hospital doctors’.

A different attitude to the stresses of warfare was exemplified by an incident prior to departure for Walcheren. A naval officer who had recently joined the commando reported sick, complaining of persistent inability to pass urine, on the evening before the commando moved to the marshalling area. His complaint was unchanged next day and by the evening he was still in trouble. The commando was already ‘sealed’ into the marshalling area and the medical section heavily engaged in preparations for departure the following day but I had to send him to hospital. I learned later, however, that as soon as the commando sailed he passed urine spontaneously.

Casualty first aid and evacuation
The prime task of the medical officer in a front-line unit in the type of military operations in which 47 Cdo was involved was to treat casualties on a first aid basis and get them back as quickly as possible to a medical or surgical unit which was staffed and equipped to provide the treatment required. Commando medical staff were trained in bandaging and first aid, particularly control of bleeding, the use of splints, treatment of shock, stretcher carriage in all manner of terrain, artificial respiration, the chain of evacuation and the completion of field medical records. There was no place for surgical bravado among the cold, wet, wind-swept dunes of Walcheren in November. Often the first line of treatment was the first field dressing, a pre-packed dressing in a sealed wrapping which each man carried. Control of bleeding was the most usual emergency. If a bone was broken some sort of splinting might have to be improvised but this might be no more than using the uninjured leg as the splint for the broken one. Vaseline gauze was valuable for sealing sucking wounds of the chest. At various times there was much discussion regarding the use of morphia. The regulation was that it should be used only by a medical officer or under his direct supervision. I believe that it was appropriate to allow the medical orderlies to carry and use it. Only one officer ever asked me if he could carry it for self-administration if required (emergency morphia for field use was in a small tube, like that for toothpaste, with an attached needle).

There were two major differences between the Walcheren operation and earlier operations. The first was the nature of the terrain. In Normandy with its hedges, ditches, embankments, vegetation and often houses a casualty was not usually far from a place, or evacuation route, where there were opportunities for concealment, shelter and motorised transport. Among the sand-dunes of Walcheren concealment in daylight was much more difficult and there was little shelter. A stretcher-carrying party could dip into a hollow among the dunes but as they continued were usually exposed again as they came out over the surrounding crest. The second difference, particularly as 47 Cdo moved further away from the supporting medical units, was the distance over which casualties had to be carried over the steep and shifting sandy slopes of the dunes. Because of the flooding, inland from the dunes, most of the roads and tracks were impassable and the majority of casualties who could not walk had to be carried on stretchers.

Seen in hospital afterwards casualties who had been carried by stretcher found this much more comfortable than transport in tracked vehicles. While carriage up and down over sand-dunes might be expected to aggravate injuries the gentler nature of such movements caused less distress than the rapid percussive movements of motorised vehicles.

The Regimental Aid Post at Walcheren was a mobile entity. It was usually sited in a captured bunker but at times, in a rapidly moving battle, it was temporarily little more than a collecting point in a hollow or beside a track. When the medical personnel were scattered over the dunes, the RAP was where the medical officer happened to be as he was the focal point. The lack of motorised transport and the number of casualties meant that marines had to be
used for stretcher parties. Therein lay a problem. The marines were there to fight battles but at the same time the medical officer had to call on them, from time to time, to carry stretchers. The field ambulance working in the school at Zoutelande worked very hard and successfully but it was not their task to carry casualties from the battlefield. When Brigadier Leicester visited it on the night of 2nd November a comment was made to him there that a number of marines reaching the field ambulance were not wounded. Apparently the necessity for unwounded marines to carry the wounded on stretchers from the battlefield was not appreciated by the staff of the field ambulance. An important factor in the morale of a front-line soldier and his willingness to accept the risks of the role is the confidence that if he is wounded every effort will be made to get him to medical care quickly. This is of importance also to the medical outcome. At Walcheren the conflicting needs of the various battle actions and of the casualties which these actions created had to be rationalised in a way which took account of the transportation difficulties. Lieut.-Col. Phillips recognised this and always respected the judgement of the medical officer in calling on marines for casualty transportation. For those less seriously wounded effective early treatment also increased the chance that a valuable trained soldier would be able to make an early return to his unit.

Casualties
Of the 400 officers and men of 47 RM Commando (including 13 from the Dutch Troop of 10 L.A. Commando) who set out from Ostend 114 (29 per cent) became casualties, 34 (8.5 per cent) killed and 80 (20 per cent) wounded (including 9 who suffered from hypothermia due to prolonged immersion in the sea).

The types of injury sustained by those killed or dying of wounds are shown in Table 1. The mean age of the 34 marines killed was 21.9 years with a range of 19–32. The two officers killed were aged 30 and 32. Omitting them the average age of those killed was 21.3 years with a range of 19–29. Apart from those who were killed outright (4 of the wounded subsequently died) the types of injury among the wounded are shown in Table 2. The distribution of missile injuries is shown in Table 3.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Causes of injury proving lethal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>Shrapnel—mortar</td>
<td>16</td>
</tr>
<tr>
<td>—shell</td>
<td>5</td>
</tr>
<tr>
<td>Bullets</td>
<td>7</td>
</tr>
<tr>
<td>Hand grenades</td>
<td>3</td>
</tr>
<tr>
<td>Drowning</td>
<td>2</td>
</tr>
<tr>
<td>Mines</td>
<td>1</td>
</tr>
</tbody>
</table>

Among the 22 officers 8 (36 per cent) were casualties (2 killed and 6 wounded) and among 378 other ranks 106 (28 per cent) were casualties (32 killed and 74 wounded). Even within a commando there are significant differences in risk. Among the five assaulting troops A, B, Q, X, and Y (numbering 288 including medical personnel attached to them) who were closest to the enemy the casualty rate was 39 per cent, as opposed to the HW and HQ troops (numbering 112 and usually located further back) in whom it was 9 per cent. Among the officers in the assaulting troops the casualty rate was 57 per cent (8 out of 14). Among the commando's nine RAMC and marine medical personnel there were two (22 per cent) casualties. These casualty figures exclude naval personnel manning the landing craft in which the marines travelled and the Royal Engineers who drove the LVTs.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Causes of non-lethal wounds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>Burns (all sustained on the run in to the landing when LCTs or vehicles they were carrying went on fire when hit by shells)</td>
<td>9</td>
</tr>
<tr>
<td>Exposure and hypothermia (sustained when LCTs or LVTs were sunk on the run in to the landing beaches)</td>
<td>9</td>
</tr>
<tr>
<td>Shrapnel injuries, shells, mortar bombs grenades or mines*</td>
<td>44</td>
</tr>
<tr>
<td>Shrapnel injuries plus fractures</td>
<td>2</td>
</tr>
<tr>
<td>Bullet wounds*</td>
<td>12</td>
</tr>
<tr>
<td>Blast injuries</td>
<td>8</td>
</tr>
<tr>
<td>*3 died after 1, 2 and 3 days after wounding. *1 died 2 days after wounding.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Sites of localised wounds (some of these were multiple injuries so that the total number of sites among the 66 such injuries was 75)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>Feet and legs</td>
<td>22</td>
</tr>
<tr>
<td>Shoulder, arm, wrist, hand</td>
<td>19</td>
</tr>
<tr>
<td>Face, head and neck</td>
<td>18</td>
</tr>
<tr>
<td>Trunk</td>
<td>11</td>
</tr>
<tr>
<td>Buttocks</td>
<td>5</td>
</tr>
</tbody>
</table>

Psychological trauma
There was no evidence of psychological disturbance among the troops of 47 RM Commando who took part in this operation, either during it or, as far as I am aware from my subsequent knowledge of them, in the months or years thereafter. The young men showed great courage in the face of risks which could not be dissociated from fear, including psychological stress, physical exhaustion, lack of sleep, soaking wet clothing and cold. Some were near drowned and hypothermic but returned to duty as soon as they had recovered. Many were wounded or saw colleagues wounded. Some have had to endure lifelong crippling physical disability and restricted opportunities for employment as a result of war service and have done so without rancour or complaint. Unlike these men, the civilian of today witnessing comparable human bloodshed is likely to be aided by a cohort of psychiatrists, social workers, lawyers and the judiciary and would probably undergo counselling and expect, and be likely to receive, substantial financial compensation under an ill-defined but all-embracing heading such as 'traumatic stress injury'.
THE CIVILIANS OF WALCHEREN: THE PRICE OF LIBERATION

After the breakout from the Normandy bridgehead 47 Cdo swept through France and into Belgium. They were the first troops into Fécamp. They were liberators, and everywhere as they went through towns and villages, largely undamaged in that summer of hope and redemption, the civilians rejoiced; the troops were received with thankfulness and joy, generous hospitality, gratitude and congratulations. With the prospect of life returning soon to the normality and the freedom of a previous era the French and Belgian people in these liberated towns and villages saw a happy future ahead.

As the autumn of 1944 closed in on the citizens of Walcheren a very different prospect faced them, as it had earlier faced the citizens of Caen, and it was one which they had little power to control or influence. Much of their island in its centre and eastern side had been flooded by the Germans with the object of improving their defensive position as they faced the approaching Allied armies. The Walcheren citizens knew, or some of them knew, that the Allies in planning to overcome these defences felt that this task, thought to be so formidable, would be assisted by breaching the dykes to the west and north of the island and flooding parts of the area where the main defences were. The island which its citizens had for generations struggled hard to wrest from the sea and to make fertile and productive was to be submerged in a sea of salt water and mud as a result of the actions, not only of foe, but also of friend. That in itself was bad enough but the bombing of the dykes would also represent a considerable risk to those who lived in their vicinity.

The reality of these prospects struck on 3rd October 1944. The dykes were breached at Flushing, Westkapelle and Veere and the breaching fulfilled the worst fears. Ninety per cent of Westkapelle was destroyed and 215 of its inhabitants died. Among the latter were forty-seven men, women and children who had taken refuge in a mill. They were trapped in the rubble of the mill when it was hit by one of the bombs and drowned when the waters released by the bombing flowed through the gap created in the dyke and flooded the mill. Fields were now flooded and crops ruined. As the waters rose the streets became canals (Fig 14a), people had to take to the upper stories of their houses. Food shortages in a country already suffering from hunger were aggravated. Animals were drowned or had to be taken into the upper storeys of buildings (Fig 14b) but could not be fed. Communication had broken down. Even if liberation was near, the long-term agricultural and economic damage which flooding with sea water inflicted meant that the price of liberation, would be a wasted land for the next few years.

What would the citizens of Walcheren think of the destroyers of their cherished island including those coming as friends and liberators who had contributed to its destruction? Those who had held the island in bondage for many years had been evicted but at enormous cost to the people whose home and heritage the island was. That question was answered in November 1944, in the weeks that followed when 47 Cdo returned to garrison the island and in the years that have passed since. The first Dutch civilians encountered in the streets of Zoutelande on 2nd November 1944 were clearly happy and grateful. An eleven-year-old girl and her family exemplified their response. As 48 Cdo, which captured Zouteland, entered the village it was under threat of snipers from German positions on the adjacent dunes. Seeing movement among some wire at the base of the dunes and suspecting a sniper, one of Sergeant Hudson's troop
fired and found that instead of a sniper he had shot a chicken. As commando training involved living off the land it is hardly surprising that he promptly grabbed the chicken. Along the street he met the 11-year-old girl. Knowing of the local food shortages the marine promptly gave the girl the chicken to take home. The troop spent the night in a concrete bunker in Zoutelande but late in the evening there was a knock at the door. Outside was the little girl with the chicken on a platter, now cooked for the marines.

Soon too, the longer term reactions of the citizens of Walcheren became clear. Those whose lives had always been a struggle with a hostile sea, who had made a salt-soaked island flourish and who over four years had endured a brutal oppressor were stoical in character and willing, without complaint, to pay the high price which liberation demanded. There was no recrimination, no hostility, no self pity, no argument that the means to an end could have been different but only appreciation, friendship and the determination to face the future with fortitude. Walcheren has yet again exemplified the motto of Zeeland, 'Luctor Emergo'—'I struggle and rise again'.

**EPILOGUE**

With the coastal batteries on Walcheren silent, the mines could be cleared from the Scheldt and within a few days 100 minesweepers were engaged in this task. On 26th November three coasters reached Antwerp; two days later a liberty ship docked and by 1st December 10,000 tons of cargo had been unloaded. On 16th December the Germans attacked in the Ardennes. In containing this attack and making good the losses of equipment the port of Antwerp played a critical part. As those who knew the logistics of warfare faced the problems which the Ardennes offensive caused and the long haul ahead towards Berlin they blessed the capture of Walcheren and the speed with which this had been achieved, ten days instead of the expected thirty.

General Eisenhower described the capture of Walcheren as one of the most gallant and aggressive actions of the war.

Twenty-five years later, General Simonds, the wartime commander of the First Canadian Army and the overall commander of the Walcheren operation, when comparing the operation with the dramatic but unsuccessful operation at Arnhem observed, somewhat wistfully, 'If the assault on Walcheren had failed, it would have been as famous today as the gallant airborne landing at Arnhem'.

**AFTERMATH**

Fifty years later a large group of Walcheren citizens and members of the Dutch services stood by the dyke at Westkapelle to commemorate the liberation of their island. Among them, as honorary guests of the Dutch hosts, were representatives of the 4th Special Service Brigade who had survived, assembled to pay tribute to the comrades who had not.

Where there had been a torrent raging through the Westkapelle gap the sea had been restored to its rightful place and was gently lapping the outer side of the dyke; where there had been mud and mines, barbed wire, mined obstacles and an all-pervading sense of hostility and apprehension, grassy slopes, trim wire fences and pedestrian paths lie invitingly along the dunes; where unseen but hostile eyes had looked out from the dark recesses of concrete casemates welcoming eyes surveyed the scene from the open windows of trim houses. Close by, the Westkapelle Tower rose high, not from the acrid smoke of battle, but from a hazy ground mist, its upper reaches illuminated not by the intermittent flashes of gunfire but by a fitful November sun.

Six miles along the dunes, beyond the village of Zoutelande, beyond the hollow where eleven marines of 'Q' Troop had been killed and eleven wounded, beyond the cross erected on the highest point of the dunes to mark the site where the three Dutchmen and three Belgians had been shot, a solo pilgrim on a still Sunday morning sought the site of battery W11. There a hundred feet above the shore at a site commanding a wide sweep of ground leading downwards to the beach and to an even wider sweep of sea beyond, a few strands of rusting barbed wire tangled among the vegetation and a few large slabs of cracking concrete, partially sand covered, were the silent remnants of once mighty gun emplacements before which 55 commandos had lain dead or wounded.

**Social and personal aftermath of war**

Peter Spear with his mother stood with the 47 RM Cdo visitors at Westkapelle. The mortar bomb which had so quickly robbed Company Sergeant Major Spear of his life did more than that. It robbed his wife and son of much of the happiness, the security and the ordered family life which might otherwise have been theirs. Peter Spear was seven months old when the 26-year-old father whom he had never seen died with his ten 'Q' troop companions in the hollow in the dunes. A bereft wife, then 22 years old, had later, but unsuccessfully, sought companionship and support by remarrying. The adoptive stepson status acquired by her son led to a stressful, disrupted, penurious childhood. Four years of this childhood were spent in a charitable home when his mother, again on her own, was prohibited by the local authority from allowing her eight-year-old son to share with herself and her daughter the single room of council accommodation which had been allocated to them. As soon as he could, Peter Spear changed his adoptive name back to that of his father. As he and his weeping mother stood for the first time at his father's grave at the British Military Cemetery at Bergen-op-Zoom there was no recrimination but only sadness and pride regarding the man whom the war had taken from them and a feeling of final family reunion. Fortunately, despite a peripatetic occupation, Peter Spear achieved in marriage at the age of 17 the stable and ordered family life which he had so long desired.

In a crude way wounds can be divided into two categories, those from which recovery in due course allows a return to normal living and do not prejudice career opportunities, and those which blight the future of the wounded in an irreversible way. The bullet wound sustained by Major Vincent was of the latter category. The physical courage which he showed in battle has been matched by the moral courage with which he has uncomplainingly accepted the limited life style which his injury imposed on him. He had entered the Royal Marines before the war as a dedicated young officer with the potential for rising to the highest ranks in the Corps. For two years after wounding he was in and out of hospital for a series of plastic surgery operations, and for two further years further occasional operations. Lacking one eye, partially deaf, suffering from frequent 'black outs' (requiring phenobarbitone and phenytoin medication) and precluded from activities such as driving a motor car his career in the Royal Marines was over. He accepted a commission in the Royal Army Catering Corps and remained there for fifteen years. Returning to civil life, still in his early forties, he
FIGURE 15
‘Nelson’ Vincent and the author 45 years on.

has remained proudly independent and has augmented his limited pension with such occupations as his physical condition allows. One summer Vincent responded to an advertisement for some one to take an elderly lady confined to a wheelchair for walks in the afternoon. Chairpushing on a hot summer afternoon in Bognor Regis is thirsty work but to his chagrin Vincent found that his charge was a committed teetotaller. Before the summer was out however the old lady, on a hot day (and also not so hot days), was happily repairing with him to the ‘local’ for a shandy. In pursuing these occupations he has still been able to view the eccentricities of his altered life with a sustained sense of humour (Fig 15).

Fifty years after VE Day the human aftermath of the Second World War is not yet over. There are still many Spears and Vincents.

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A MEDICAL STUDENT AT LEIDEN AND PARIS: WILLIAM SINCLAIR (1736–38): PART III

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Sinclair’s stay in Leiden and a record of his financial accounts while there, have appeared in two previous issues of Proceedings 1995; 25: 294–304 and 1995; 25: 487–494. After his two semesters at Leiden with mainly theoretical instruction, Sinclair and his friends left this city on Sunday 21st July 1737 in order to round off their studies in Paris, at the end of the eighteenth century and during the first half of the eighteenth, the centre for learning anatomy and surgery. Students came here from all countries in Europe: Alexander Monk from Scotland, Albrecht Haller, whose financial accounts have also been preserved from Switzerland, William Hunter from England and H. D. Gauibus and B. S. Albinus from Holland (originally Germany). Students made private arrangements with hospital surgeons and often lived in as ‘pensionnaires’. They accompanied their mentors to the large hospitals such as the Hôpital Général with its 10,000 patients, Hotel-Dieu (2,000–3,000 patients; 1,200 beds) or the Charité (c. 200 beds), and saw them at work doing operations and anatomical dissections. In these hospitals or with the surgeon at home, the students not only attended lectures but also received much practical training.¹

Journey from Leiden to Paris: to Maastricht
The itinerary the students followed was partly decided on with a view to the medical students’ professional training. Sinclair and his friends resolved not to take the most direct route via Antwerp, Ghent and Lille, but to make a detour to visit Aix and Spa, famous for their mineral waters known to the students from their chemical lectures and from specialized works such as H. Eyre, An Account of the Mineral Waters of Spa, London 1733, possibly an adaptation of Edmund Nessel’s Traité des eaux de Spa (1699), which was for sale at Spa and Liège, and C. Perry An Enquiry into the Nature and Principles of the Spa Waters, London 1774. Tourists could read all about the sources in their guidebooks.

Thus after having provided themselves with money at Rotterdam, possibly arranging for some of their possessions to be sent home directly, William Sinclair, Charles and William Hay, Walter Stirling and Samuel Nicholson embarked for Bois-le-Duc on Tuesday 23rd July at nine a.m. The journey, twenty leagues up the river Maas, took them almost 24 hours. On their arrival they ‘set up at one Murray’s, drank tea and then went to see the town, which is all surrounded with water and marshes. This renders it very impregnable. They were busied in making bastions etc’. There was sufficient time to inspect ‘St John’s Kirk […] of old Gothic work on the outside’. In the choir Sinclair saw ‘the escutcheon of Major Farquharson’, a Scotsman having belonged to the local garrison, which often comprised regiments of the Scots Brigade, which served the United Provinces from 1572 till 1782. Sinclair also noticed the presence of ‘a fine organ’, something of a rarity in Scottish churches at the time.²

After dinner they ‘took the Post chaise’ for Maastricht and spent the night at

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