Casualty report / Army Bureau of Current Affairs.

WAR

Casualty Report

ISSUED FORTNIGHTLY BY THE

ARMY BUREAU OF CURRENT AFFAIRS

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No. 44 September 17th, 1943

Lines of Thought

1. This bulletin sets out to answer two questions which must be asked in some way by every man before going into action : " What are my chances of being wounded, and what happens if I am ? "

These are very natural questions, and are likely to cause less worry and concern if the available facts are known beforehand. For, with all questions of this kind, it does more harm than good to push them into the back of the mind, especially as the mathematical estimate of a man's chances is likely to be better than the chances he gives himself.

2. Here is an index to the questions which are raised, and so far as possible, answered in this bulletin. It is suggested that you start your men asking questions by asking them some of these questions first.

1. What has characterised casualties in this war so far ?
2. Are most casualties due to enemy action ?
3. What proportion of casualties are severely wounded ?
4. What were the casualties in France during the last war ?
5. How did these casualties compare with other theatres of war ?
6. Is it true that officers have a higher casualty rate ?
7. What is it like to be wounded ?
8. What should a man do when wounded ?
9. Have arrangements for coping with casualties improved ?
10. What happens in the human body when it is wounded ?
11. What is the process of blood transfusion ?
12. How is plaster of Paris used ?
13. What are the sulphonamide drugs ?
14. What arrangements are made for casualties ?
15. Are these arrangements varied to fit the circumstances ?
16. What proportion of wounds are due to individual carelessness ?
17. What was shell-shock ?
18. How potent is gas ?
19. What is it like to be an M.O. on active service ?

* *Survey compiled with the help of the R.A.M.C.*

Casualty Report

1. What Has Characterised Casualties In This War So Far?

FIGHTING has been more open and scattered than in 1914-18, with a relatively low concentration of enemy fire-power. Casualties have therefore been very much lighter. For instance, during the first two days of the Somme battle on the 1st and 2nd July, 1916, 17 British divisions were engaged and the total casualties were 58,158. No such experience has yet been met with in this war.

One of the great troubles in the Middle East tank fighting has been from burns. In A.F.V.s fractures and burns are the commonest injuries. These troubles have been incurred not only in battle. The technique of lighting a fire with petrol has probably put more burned men into hospital than those burned in action.

Types of wounds vary with terrain. Street and town fighting is characterised by use of grenades and light automatic weapons. This means multiple injuries. Individually perhaps not severe, but cumulatively serious. In desert warfare there are a considerable number of Mine casualties.

Not so much the Wound

Fighting in open, intensively cultivated country, it is not so much the wound as the following sepsis which is to be feared. This is because of the high prevalence of dung which leads to gas gangrene. New drugs and prompt collection have reduced these dangers greatly.

In mountain country with adequate cover, single bullet injuries of head and forequarter are to be expected since these are the parts which must of necessity be exposed to sniping.

In France there was an increase in wounds from H.E. fragments, as opposed to bullet wounds : the majority of the latter were from aerial machine-gunning. One of the differences between wounds in this war and the last is caused by the greater explosive power of all ammunition and the introduction of new kinds of steel.

Constantly the Picture Changes

The character of warfare and weapons and the progress of medical technique are constantly changing the picture. The Germans report that during the first half of the 1914-18 war nearly four times as many of the wounds were caused by rifle and machine-gun fire as during the second half.

In 1870-71 only 8.7 per cent. of wounds were caused by artillery. By 1915 this figure had risen to nearly 50 per cent., and during the second half of the war it rose to 85 per cent.

2. Are Most Casualties Due To Enemy Action?

During 1914-18 the battle casualties were less than half as numerous as non-battle casualties, the ratio being 1 to 2.1. The phrase "battle casualty" covers the killed, missing and prisoners of war, as well as the wounded. "Non-battle casualty" refers to sickness and injury.

3. What Proportion Of Casualties Are Severely Wounded?

Analysis of total battle casualties in Libya and North Africa, November, 1941 to April, 1943, shows: killed, 11.9 per cent., wounded, 36.6 per cent., missing 51.5 per cent. During 1914-18, 82 per cent. of wounded and 93 per cent. of sick or injured were returned to some form of duty.

The number of wounds classified as "slight" is always considerably greater and may be as much as twice as great as those classified "severe." The ratio of "severe" to "slight" wounds varies with the weapon inflicting them and with the part of the body wounded. Bombs (hand) and grenades cause a lower ratio of "severe" wounds than bullets (rifle or machine-gun), while shells and trench mortars cause the highest ratio of "severe" wounds. Because of the organs they contain, the results of wounds of chest and abdomen are more likely to be "severe" than "slight," while the reverse is the case as regards wounds of hands, feet, face, etc. The limbs make a better target area, but deaths from limb injuries are negligible. The proportion of amputations is also being greatly reduced. It was recently reported that "in a series of R.A.F. base hospitals there was one amputation per 1,000 severe limb injuries, including infected wounds and compound fractures."

4. What Were The Casualties In France During The Last War?

In the British Regular and Territorial Forces there were five casualties to every nine men sent out. Sick casualties are excluded from this figure.

In the average 100 men sent to France about 12 would be killed, 37 wounded, and six missing or taken prisoner.

5. How Did These Casualties Compare With Other Theatres Of War?

Casualty rates in France were more than twice as high as in any other theatre of war. In the Dardanelles, which had the second highest rate (for British troops), there were two casualties to every nine men sent out. In Italy there was one casualty for every 21 men.

6. Is It True That Officers Have A Higher Casualty Rate?

Yes. During 1914-18 the number of officers killed compared to their total strength was half as high again as that for other ranks. In this war the proportion has been higher than that.

7. What Is It Like To Be Wounded?

Here is the experience of one man, Fusilier Close, who was wounded in a machine-gun post up on the Tobruk perimeter during the siege.

About 5-30 p.m. they saw an enemy mortar flash. It was impossible to locate because the mortars were being fired on bogies and then being pulled back into the cliff. They seemed to be trying to find the British machine-gun positions and just about one second later they succeeded. It was like an express train—you could hear the wind. Close was thrown forward prone on to the gun. He half thought he was dead. He was sure he was blinded. But in fact the corrugated iron roof and four layers of sandbags had saved him. He could not see a thing. There was blood running in his eyes and he could feel it dripping on his chest. The first thing he heard was his section Leader threatening to shoot the first unmentionable to raise his head.

Was Still Going On

The enemy mortaring was still going on, about 15 or 16 shells sweeping the whole area, the nearest only 25 yards away. He sat down till he heard the Corporal shout, "This way, Bill." Then he crawled along the slit trench into the next gun pit. Two other men had been in the same pit with him, one was injured in the arm, the other blasted in the face. The gun pit where they now were, was about 8 ft. deep, 6 ft. long and 5ft. broad, filled with ammunition and spare parts ; normally there was just enough room to strip the gun. The Platoon Sergeant had meanwhile come running up. He put splints on the boy with the broken arm, but there was nothing he could do for Close.

Four Australian stretcher-bearers carried him 600 yds. to the R.A.P. which was in an underground cave under a fig tree.

Here an Australian padre asked if he wanted to cable home that he was alright. It hardly seemed the moment, but he gave his address and asked to see his mate, who was sent for. The padre also gave him 10 cigarettes. His wounds were starting to throb.

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10. What Happens In The Human Body When It Is Wounded?

1. Local Effects

The process of injury is sticking a foreign body with a certain amount of dirt into the human body. The broken blood vessels then bleed. This serves two purposes—(1) it cleanses the wound. (2) the blood clot which is then formed tends to plug the wound.

The blood vessels in the surrounding tissues then dilate and bring an increased supply of white blood cells which are the body's defences against bacterial invasion. They swallow germs whole and form a defence line between the sound tissues of the body and the broken muscle which is impregnated with the invading germs of the wound. The obvious signs of this process are the increased heat around a wound together with redness and swelling. First aid should not interfere with this process ; therefore beware of over-tight dressings and remember that a bandage which was firm at the moment of application may be tight to the point of strangulation a few hours later when the wound has swollen. Usually the doctor doesn't attempt to cleanse a wound by washing it through, though in certain early wounds he may cut out damaged tissues, removing the whole of the clot together with the dead muscle debris on which the germs feed, and tying off damaged vessels.

One of the first things the doctor wants to know is when the man was injured (time and date on a label). This enables him to judge the extent of his excision and whether to allow the wound to drain. Experience has proved that battle wounds are not like accidental street injuries. Immediate closure is dangerous in war wounds, especially older wounds. This is to be regretted because recovery is more rapid and scarring less, if primary healing can be obtained. Incidentally, recovery is very broadly speaking a process of reconstruction carried out by the body itself.

2. General Effects

The general effects of a wound are known as shock. This varies directly with the extent of the injury and to a less degree on the amount of pain experienced by the casualty. In shock the circulating volume of blood is reduced because, in addition to blood actually lost to the outside, plasma leaks out of useful circulation into the tissue spaces. This leakage occurs because the nervous system has been upset by the pain and its control of the circulation by its action on the heart, on the size of arteries and on the permeability of capillaries, is diminished. A shocked man is cold, pale and collapsed. Prompt, accurate first aid can diminish shock by reducing bleeding and by making the patient warm and comfortable and immobilising the injured part. Morphia assists greatly by deadening the pain. The time of application of a tourniquet should be recorded in order that it may be loosened after half an hour in the case of an arm and fifteen minutes in the case of a leg.

11. What Is The Process Of Blood Transfusion ?

In order to understand what happens to a soldier when he is wounded it is necessary to realise that a bullet or shell fragment causes not only direct damage to the body, but also indirect damage to the blood system..

The blood system consists of the heart, the arteries and veins, and very fine blood tubules called capillaries. The blood, which is pumped through these tubes by the heart, is made up of a mixture of a fluid, called plasma, and millions of tiny red discs, called red blood cells.

When a person is wounded, two things usually happen.

(i) Blood, as a mixture, escapes from the cut blood vessels.

(ii) The fluid part of the blood remaining in the vessels seeps through the walls of the tubes into the tissues around the injured area.

If the bleeding continues unchecked, the wounded man will die, but usually it is stopped by the natural clotting of the blood, assisted by a firm pad of dressing.

Nature trys to compensate the loss of blood by contracting all the blood vessels, so that less blood is required to fill them. When there is not enough blood to fill the cylinder of the pump, that is to say, the heart, it works more quickly to try to keep up the circulation.

Because of the loss of fluid by the seeping away of plasma, and also by sweating, which nearly always takes place, the blood becomes thicker than it should be, and this further impedes the circulation. All these causes produce what is known as *shock*.

A man suffering from shock is therefore pale and cold ; his pulse is rapid and poor in quality, and he is very ill.

Make Good That Loss

When a man has lost a lot of blood from a wound, we may make good that loss by injecting into one of his veins some fresh blood taken from a comrade, whose blood belongs to the same group. Blood varies in different people, and therefore it is classified into groups. Only blood from the same group can be used.

We may also inject blood from a " universal donor," which has been preserved in the refrigerator. This blood can be used to replace blood of any group.

But we must remember that the blood of the wounded man has become thickened through loss of plasma. To make good this loss we inject preserved plasma, which may be kept for very long periods in sealed bottles. To replace the fluid lost by sweating we also inject a salt and sugar solution known as glucose saline :—

Thus there are three sorts of transfusion :—

(a) *Whole blood*, which may either be taken directly from a comrade, or be sent up from the base in a bottle in a refrigerator.

(b) *Plasma*, either as a liquid or in dried form, like powdered eggs, to which sterile water must be added before use.

(c) *Glucose saline.*

Many hundreds of our wounded owe their lives to the thousands of bottles of blood, plasma and glucose saline that have been sent to the forward medical units in North Africa and the Middle East.

12. How Is Plaster Of Paris Used?

Plaster of Paris being mouldable can be adapted to the configuration of any part that is injured—but is used principally for limbs. It gives absolute rest to the limb. Bandages impregnated with plaster are soaked in water and applied to the limb. It sets within 10 to 15 minutes, forming a solid cast around the wounded part. It is like a building job. The man can be evacuated with nothing like as much pain and none of the old clumsy apparatus which used to be employed. The action of the plaster is purely mechanical, and enables the surgeon to provide a perfectly tailored splint for every type of case. One thing a wound requires is rest, which is, in effect, the opposite of pain. This the plaster provides. It smells when the blood discharges underneath begin to ferment and decompose—but this natural process does no harm to the wound. A man may be in plaster for anything up to several months.

13. What Are The Sulphonamide Drugs?

These drugs reinforce the anti-bacterial defences of the body by destroying the food supply of the germs. They are applied either in the form of powder into the wound or tablets into the mouth. In either case they operate through the blood stream and greatly reduce the possibilities of sepsis, due to some of the more dangerous bacteria. What it amounts to is that you needn't die of this form of sepsis any longer. Sulphonamide in combination with appropriate surgery doesn't just improve the death and disability picture, it transforms it.

14: What Arrangements Are Made For Casualties?

1. In dealing with casualties occuring in battle the medical services of the Army are concerned with two principal tasks in relation to each wounded man, viz. :—

(a) Provision of the most efficient medical and surgical treatment at the earliest moment after wounding, and

(b) Transporting him to a suitable place for his recovery as rapidly as possible, together with feeding him, sheltering him and clothing him *en route.*

2. Clearly it is necessary that these two tasks should be carried out simultaneously, but the treatment required varies according to the type of wound, and the speed of evacuation varies according to a number of factors, such as the type of country in which the battle is being fought and the state of development of the lines of communication. A system of evacuation of casualties is required, therefore, which is easily adaptable both to the form of warfare being waged and to the various types of casualties encountered.

3. The system of evacuation and treatment of casualties which has been evolved is as follows :—

(a) When a soldier is wounded he receives First Aid from himself if possible (First Field Dressing, etc.), from his fellows (all soldiers should be trained in elementary First Aid) and from the stretcher bearers to his unit. He is taken to the Regimental Aid Post and any further emergency treatment, such as injection of morphia, is given by the Regimental M.O.

(b) From the R.A.P. he is collected by stretcher bearers of the first R.A.M.C. unit—the Field Ambulance—and taken back to the Advanced Dressing Station. Here he receives any further emergency treatment which may be necessary—*e.g.*, immediate blood transfusion, etc.—and is classified according to the type of wound he has received. From the A.D.S. he may be evacuated in one of three different ways, according to the nature of his wound.

The Nature of His Wound

(c) If he is suffering from severe shock and is unfit for the long journey back to the Casualty Clearing Station, he is evacuated direct to the Divisional Field Dressing Station, which specialises in resuscitation and generally has a Field Tranfusion Unit and Surgical Unit attached to it. Here he is retained until such time as he is fit for operation or to be moved to the Casualty Clearing Station.

(d) If he is fit to travel, but requires an operation urgently, he is taken back to the Advanced Surgical Centre where there are situated Field Surgical Units for this purpose. Here he is operated upon and kept for a few days until he is fit enough to be taken back by Ambulance Car and Ambulance Train.

(e) If he is not severely wounded, can stand a fairly long journey in an ambulance car and does not need surgical treatment very urgently, he is taken back direct to the Casualty Clearing Station, missing out all the other stages in between. There he is treated and detained long enough for him to become fit to resume his journey to the base.

By Car, Train, Ship

(f) His journey to the base may be by ambulance car, by ambulance train, by hospital ship (if the distance is great and a sea route is available, as in Tripolitania) or by air.

The evacuation of casualties by air is developing rapidly and proving its worth for certain types of cases. But all types of cases are not suitable for transportation by air.

(g) Throughout the evacuation he is undergoing treatment from the staffs of the medical units concerned. Field Surgical Units and Field Transfusion Units are provided to bring life-saving methods of treatment as near to the wounded soldier as possible. The latest surgical methods and the use of sulphonamide group of drugs has ensured his arrival at the base in much better condition than ever before.

(h) At the base he is admitted to a General Hospital and, after he has sufficiently recovered, goes to a Convalescent Depot to be made completely fit again. If, however, he is not likely to be fit for field service within a reasonable time he is evacuated eventually to the home country.

15. Are These Arrangements Varied To Fit The Circumstances ?

The system of evacuation described in the answer to question 14 suggests, perhaps, rather a rigid type of organisation, but in practice this is far from the case. The forward medical units have a high degree of mobility which allows rapid adjustment of the whole to meet tactical changes.

Field Ambulances and Field Dressing Stations are divisible into smaller self-contained sub-units which can take on most, if not all, of the functions of their parent units in relation to smaller bodies of troops. Field Surgical Units and Field Transfusion Units can be attached to and withdrawn from Field Dressing Stations as required, and additional units can be made available from the rear, thus ensuring that effective measures can be taken to deal with large numbers of casualties in the most heavily engaged areas.

16. What Proportion Of Wounds Are Due To Individual Carelessness ?

A high proportion of casualties are caused by the habit-forming tendencies of any community and observation of these by the enemy, *e.g.*, use of latrines in fixed positions spotted possibly by cigarette smoke pall.

Casualties are also caused by failure to learn to move around with minimum exposure. The most important part of your body to protect is your head, chest and belly. The head is looked after by its helmet. To lie prone or crouch down is not necessarily to protect the chest and belly as these cavities can be entered by a bullet equally conveniently via a humped back. Little things like talking over your shoulder instead of under your armpit can increase your exposure to a fatal extent.

17. What Was Shell-Shock?

Shell-shock was a term originally employed during the last war to cover almost all types of psychological illness arising in association with, or as a result of, enemy action. The term shell-shock resulted from a lack of understanding of the true nature of psychological disorders ; it was assumed that these disorders were the results of actual damage to the brain or nervous system caused by the effects of high explosives, and comparable in their origin and effects to actual head injury and concussion ; the true significance of psychological factors was not appreciated. The term was a most unfortunate one and gave rise from the beginning to much confusion and it is not now accepted as a correct diagnosis. Here are some extracts from a paper on neurosis under active service conditions :—

" The actual numerical incidence of neurotic breakdown was considerable ; but judged in relation to the total numbers involved, and to the extreme degrees of mental and physical stress and strain present in so many cases, the surprising thing is considered to be not that so many, but rather that so few, breakdowns occur.

May be Stated, very Roughly

" It is not permissible at this stage of the war to give statistics or actual figures in detail, but it may be stated that, very roughly, the annual incidence of neurosis in the Middle East during the last two years has been :—

7.5 per thousand in the Navy.

4 per thousand in the Army.

" In the last war the figures were 10 per thousand annually among combatant troops and 3 per thousand among troops stationed at home ; there is therefore no very significant change in total incidence during the present war.

" In the elimination of the misfits, of the chronic neurotics and of the psychopaths lies the most direct and hopeful method of prevention available to us. We can do very little in an actual battle area to limit the stresses and strains or to alter the adverse environment ; and, given sufficient stress and sufficient strain, any person *may* break down. We can, however, and we should, sift out those who are likely to break down early, the weaker brethren, those who can cause difficulties and disharmonies and perhaps even disasters out of all proportion to their numbers, and whose presence constitutes a continued, if only potential, menace to the morale of the group as a whole.

" Two groups of figures are of interest.

" In 350 consecutive neurosis discharges from one psychiatric centre in six months 71.5 per cent. were returned to duty—53.7 per cent. to full duty, 17.8 per cent. to base duties ; the average stay in hospital being 25 days. In 625 consecutive neurosis discharges from a psychiatric hospital, 92 per cent. were returned to duty—61 per cent. to full duty, 31 per cent. to base duties."

18. How Potent Is Gas?

In 1915-18 there were 185,706 gas casualties, which were just over 9 per cent. of total wounded. Of these about three men in every hundred died and about 93 were returned to duty.

But although the number killed was comparatively small, the effect was comparatively great. Gas puts put of action not only those who are actually poisoned, but those who only believe they have been gassed. To properly trained troops gas is more a nuisance than a danger.

19. What Is It Like To Be An M.O. On Active Service?

Here are extracts from the diary of an M.O. in M.E. reprinted from the "Journal of the R.A.M.C." :—

"The work comes in spasms. Between the spasms there isn't much leisure as one has to get going making up expended supplies and seeing that things are straight again for another run of cases. Then moves are frequent and they take up quite a time. In the last month we have moved 12 times. And that is not counting the various journeys I have been on my own to get supplies, information, to spy out the lie of the land and so on . . . Just now it is difficult to realise the magnitude of the world-wide convulsion being staged by the human race. Being mixed up in a campaign all on our own in this desolate place narrows the mental horizon ; the more so since the horizon of the desert seems limitless. The untouched blankness of the desert is not so desolate as the field of battle when the fight has rolled on. The derelict vehicles, the scattered bits of ragged uniform, the shallow holes scratched in the stony ground for protection ; all these serve to emphasise the intense loneliness of this place. Not that we are lonely. There are always many of us together and we are occupied and that is much . . . We happen to be in a place where water is easier to get so I gave an order for a gallon per man to be issued to all members of the unit for washing purposes—the first decent wash any of us have had since leaving Cairo. Of course, until the first few days of November we were near the coast and able to bathe so it is little more than a month since we had a bath. You'd be surprised what a lot of water a gallon seems when you have managed with less than a mugful for a few weeks. At last Bob has rejoined us, just at the moment when it looks as if the work is going to slack off for a time. George is still away, but I gather he may be starting after us soon. It may take him anything up to 10 days to find us. Still, Reg and I have managed pretty well on our own, sometimes borrowing an anæsthetist from another unit, sometimes giving our anæsthetics ourselves (intravenously). We have between us done 134 operations, mostly major, and many of them on very grave cases, with three deaths."

250,000 WORDS

This is the 44th issue of WAR. No. 1 was dated December, 26th 1941. Since that date over 250,000 words have been published in fortnightly instalments. The major campaigns from 1941 onwards have been covered. Libya and Egypt have taken up the best part of ten issues, the Far East five, East Africa, Crete and Syria one each, with additional issues on Dieppe, Bataan, Guadalcanal and the Wingate expedition into Burma.

Most of the Corps in the Service have been described, R.A.C., Artillery, Field, A.A., and Maritime, the Airborne Forces, the Special Service Troops, R.A.S.C. and R.E.M.E., R.A.M.C., and medical services generally, the Pioneers, Military Police and Field Security sections and the A.T.S. In addition, there have been accounts of O.C.T.U. training, Selection Boards at work, and an issue on Security in general.

There have been nine articles on fighting in Russia and the Russian Armies, five on the U.S. Army, four on the Royal Navy and one on the Merchant Navy. There have been articles on the Royal Marines, the Indian Army, the R.A.F. Regiment, on various escapes, and even one on the German soldier in Paris. With a little research you can pose as an authority on Boots, Malaria, A.A. Gunnery, Chaplains, Military Law, the Home Guard, National Savings, Dental Hygiene, First Aid, and what to do when taken prisoner.

WAR exists to interpret the Army to itself. Its policy is limited but definite ; it is the average of events which it records. Heroic behaviour is included as part of the story, but the main purpose is to put things into perspective by giving proper weight to the routine, processes and events on which the heroics are based. Each story should therefore pass two tests. It should be interesting in itself. And it should leave the reader a little more usefully informed about his job, which is the Army.

" WAR " INDEX

The following index is divided into two parts :—

1. A list of volumes and contents in order of publication.

2. A list of topics with volume references. This part of the Index is not entirely exhaustive, but covers most topics still of current interest.

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3. How we took Syria.
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5. The Routes of War—Army of the U.S.A.—Bombed at Sea—Fighting for Their Lives.
6. The Road to Moscow—British Parachutists.
7. Libya (The Second Phase)—ABCA, project and Experiment (by W. E. Williams).
8. 55 Days in Malaya—Some Facts on British and German Equipment—A Visit to Russia.

9. The Enemy in the East—The Birth of the Blitz.
10. If Invasion Comes—We Kept Escaping.
11. The War in East Africa.
12. The Work of the A.T.S.—The Mind of a Nazi.
13. The German Army—Tanks in the Red Army.
14. How Russia Fights—The Roads to Russia.
15. The Battle for Burma.
16. Diary of Libyan Battle (May-June, 1942).
17. The Greeks Fight On—Nazis on a Course.
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40. A Chronological Summary of the Middle East Campaigns, 1940-43.
41. The Royal Marines—In the Picture.
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