SURGEONS' DELIGHT

A surgeon in Yugoslavia in the second world war

J I P James

In late 1943 I arrived by parachute, at night, at the small village of Kolasin near the Montenegrin-Albanian border. It was the third attempt to get in: failure to locate the signal fires had aborted the previous two attempts. Kolasin, which was burnt to the ground, was the headquarters of the Partisans in this area. (Revisiting after the war, we found a board outside which said the village had been taken and retaken from the Germans on 42 occasions.) There were already five or six British and others, experts in signals and sabotage, with the Partisans.

During the war Britain gave much help to resistance groups in Europe and later in Asia. The force created to achieve this had the code name Special Operations Executive—SOE. The British first made contact with the Partisans in 1942. By late 1943 large quantities of food, clothing, boots, arms, ammunition, and medical supplies were being parachuted to them in many areas of Yugoslavia.

The Partisans in many areas had little or no medical support. The mobile hit and run fighting of a guerilla force makes practising medicine very difficult, if not impossible, particularly surgery. In Yugoslavia there were areas of mountain and forest that were "free." The Germans could sweep through but could not hold. We were in such an area.

When we arrived it was early winter and deep snow prevented large scale fighting. I set up a crude hospital in the stables of a thirteenth century monastery. The patients, men and women (all combatants) lay in hay. Our main problem was typhus, which causes a devastating pyrexial illness usually ending in death. It is, of course, carried by lice, and lice leave a feverish patient. We were constantly host to these refugees. We were close shaven all over, and a midday routine was to strip and manually delouse our clothes—the lice seemed to find DDT nutritious.

There were only a few wounded, survivors of many, with infected fractures and malunion. Although not much surgery was needed, I did have many infected wounds to drain, and carried out sequestrectomies and a few amputations. I operated on a bizarre frost bite: a young Partisan had lain in a mountain hut with frozen feet; when he was brought in his dry, gangrenous feet were attached only by the ankle ligaments. Another oddity was a laparotomy to remove an ovarian teratoma in a young Partisan woman; she did well.

Winter into spring

This period was enlivened in early spring by the arrival of 13 American aircrew who had been bombing the oil fields in Ploesti and had to bale out. They had walked over the mountains for two weeks, rather anticipating they might be shot at the end. The party that evening with Cyprus medical brandy (the only drink available) was memorable, although it brought home to us how isolated we were and how little we knew of what was happening to the rest of the war.

When the snow melted I moved away, becoming surgeon to the 4th Proletariat Brigade, whose task it was to ambush or attack German units wherever they could. The small medical unit was controlled by a young political commissar. We were continually on the march through forests and the high stony mountains of that area. Guerilla warfare in general produces a small number of casualties, but as we had to run away fast, operations had to be done immediately. Operating had to be done in caves, mountain huts, or peasant houses, where we were usually given the goats' quarters and had to muck out first. Surgical equipment was basic—it all had to be carried on our backs. Instruments, drapes, and towels were sterilised by boiling over a wood fire. Lighting was very difficult as fuel for lamps was almost unobtainable. Flickering candle light does not help precision. A laparotomy for a wound with a severe haemorrhage was lit by wooden sticks held in the wound. Anaesthesia was at this stage given by a Yugoslav medical student. We only had open ether. During the very cold winter in the monastery open ether was used next to a white hot metal stove. Presumably the draught prevented an explosive mixture. Blood and chemotherapy were of course not available.

Patients were taken immediately to a remote hut for safety. I did not see them again. If captured, the wounded would be shot. We perhaps saved a few limb wounds from infection, and the rare amputations were probably life saving under the circumstances. The effect on morale was doubtless our main contribution. To fight knowing there is no medical care if you are wounded takes a special kind of courage. The wounded

The author (left) and his assistant, a Yugoslav medical student

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are the biggest problem in guerilla warfare and at one time we were carrying so many wounded on stretchers, with two men carrying, that there were few left to fight.

Food was very scarce; we seemed to live on boiled billy goat—which tastes as the billy goat smells—and a rock hard maize bread "chicken mash," equally unpalatable. Vegetables were never seen. Later we could get sheep milk yogurt and in the early summer wild strawberries, unbelievably delicious after our winter fare. At one stage I heard food had been dropped. I sent a young Partisan, who two days later proudly walked in carrying a 28 pound tin of soya link sausages. My chagrin will be appreciated by those old enough to have eaten them during the war.

Historical background

Although the peoples of Yugoslavia all speak Serbo-Croat and are southern Slavs, originally of different "tribes," who migrated there centuries ago, what is happening today has been the pattern for centuries. There has been persecution and bloodshed throughout their history. This is now based on petty nationalism and religious and cultural differences, as the north was occupied by the Austro-hungarian empire, which was Roman Catholic, while the south and east were for many years under Turkish (Ottoman) rule. Many Christian Orthodox became Muslim during this period, which is why there are so many Muslims in Bosnia. Both empires were allies of the Germans in the first world war and obviously had to relinquish all control.

Yugoslavia as we knew it, became a federation of the six states, a creation of the Versailles treaty after the first world war. It was Serb dominated and before the war was a semifascist state with a Serbian monarch. When Germany invaded Yugoslavia in 1941 she was defeated within a few days; then came the invasion and defeat of Albania and Greece. Mihailovic, a right wing Serbian army officer, formed a Serbian guerilla force, the Cetniks, who were not very active and later collaborated with the Germans. Later in 1941 Russia was invaded, and Josip Broz, "Tito," the leader of the illegal Yugoslav Communist Party, founded the Partisans, who quickly became very active over much of Yugoslavia. Slovenes, Croats, Bosnians, and many Serbs and Montenegrians fought together, as did Roman Catholics, Christian Orthodox, Muslims, and some Jews whose patriotic fervour overcame their dislike of the antireligious dogma of the Communists. After the war Yugoslavia was united, though there were many ethnic problems. When Tito died it fell apart.

The Partisan war was brutal, dirty, and destructive. In fighting against a common enemy for the first time all ethnic groups fought together, although there were many who collaborated with the Germans. The current war is even more tragic, brutal, and dirty—petty nationalism and religious and cultural differences are being ruthlessly exploited. Thousands of Partisans died, thousands were left crippled; one wonders what are their thoughts as war erupts around them once again.

Two nineteenth century surgeons

Peter F Jones

In June 1992 the Royal Infirmary of Aberdeen celebrated the 250th anniversary of its opening as a six bedded hospital for the poor. Just at the midpoint of its history, in 1867, Joseph Lister published his first papers on the antiseptic principle in the practice of surgery.[1] Pre-Listerian times were enlightened by some remarkable individuals, among whom we should include William Keith, who became surgeon to the infirmary in 1838. The man who succeeded Keith in 1870, Alexander Ogston, gave a vivid picture both of surgery before Lister and of his experiences as he applied Lister's teaching,[2] so the lives of these two men encompass a remarkable period in surgical history.

By 1838 the Royal Infirmary had grown to contain 182 beds, but only one or two operations were performed each week, and the range was limited: amputations, cutting for stone, couching for cataract, and the occasional mastectomy. The population was growing as factories attracted workers from the countryside, and the infirmary was overcrowded. The new building, opened in 1840, contained a large operating theatre with tiered benches for students, lit only by a tall window. Today this space lies dusty, silent, and forgotten, and it is hard to imagine the smells and noise that would have assailed Keith's terrified patients as they were carried into the bustling theatre, with the students talking and commanding their friends in the front row to remove their hats. Ogston recalled that "there was no appliance for washing the hands . . . at the foot of the coarse stained old operating table lay a wooden tray of sand smelling of cats. On a shelf lay the instruments, open for anyone to handle. Suture needles were stuck in a jam pot of rancid lard."[2] After 1847 many patients benefited from ether or chloroform anaesthesia but, when they left the theatre, the wards and corridors "stank with the mawkish manna-like odour of suppuration. Each stuffy ward was presided over by an old woman whose only qualification was her ability to make a poultice . . . not a single wound

FIG 1—*William Keith (1803-1871), surgeon to the Royal Infirmary 1838-70. Reproduced by permission of Aberdeen Medico-Chirurgical Society*

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