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On the Beach and in the Bag

The Fate of Dieppe Casualties Left Behind

Charles G. Roland

When the last Allied ships drew away from the beaches of Dieppe on 19 August 1942, they left behind over 2,700 of the 4,963 Canadians who had embarked on the raid: 807 men were dead, including four Royal Canadian Army Medical Corps [RCAMC] medical orderlies, and 1,946 (including four Canadian Medical Officers (MOs), a chaplain, and at least 11 RCAMC medical orderlies and 48 accredited stretcher-bearers) were abandoned to German captivity on the beaches and environs.¹ As Lord Lovat wrote decades after the event, "the raid was an exceedingly bitter experience, learnt the hard way."²

It is to the fate of these nearly two thousand men, and in particularly the 568 who had been wounded and then captured, that this article is devoted. Many of the survivors faced lengthy hospitalization and rehabilitation, frequently under the care of POW medical personnel rather than German doctors. The account of that medical treatment is one of the untold stories of the Dieppe raid.

Medical Planning

Given that Dieppe was intended to be a raid of only a few hours' duration, the medical planning was not complicated. Typical, perhaps, were the instructions for the South Saskatchewan Regiment:

Opposite:—

Top: The beach at Dieppe immediately following the raid on 19 August 1942.

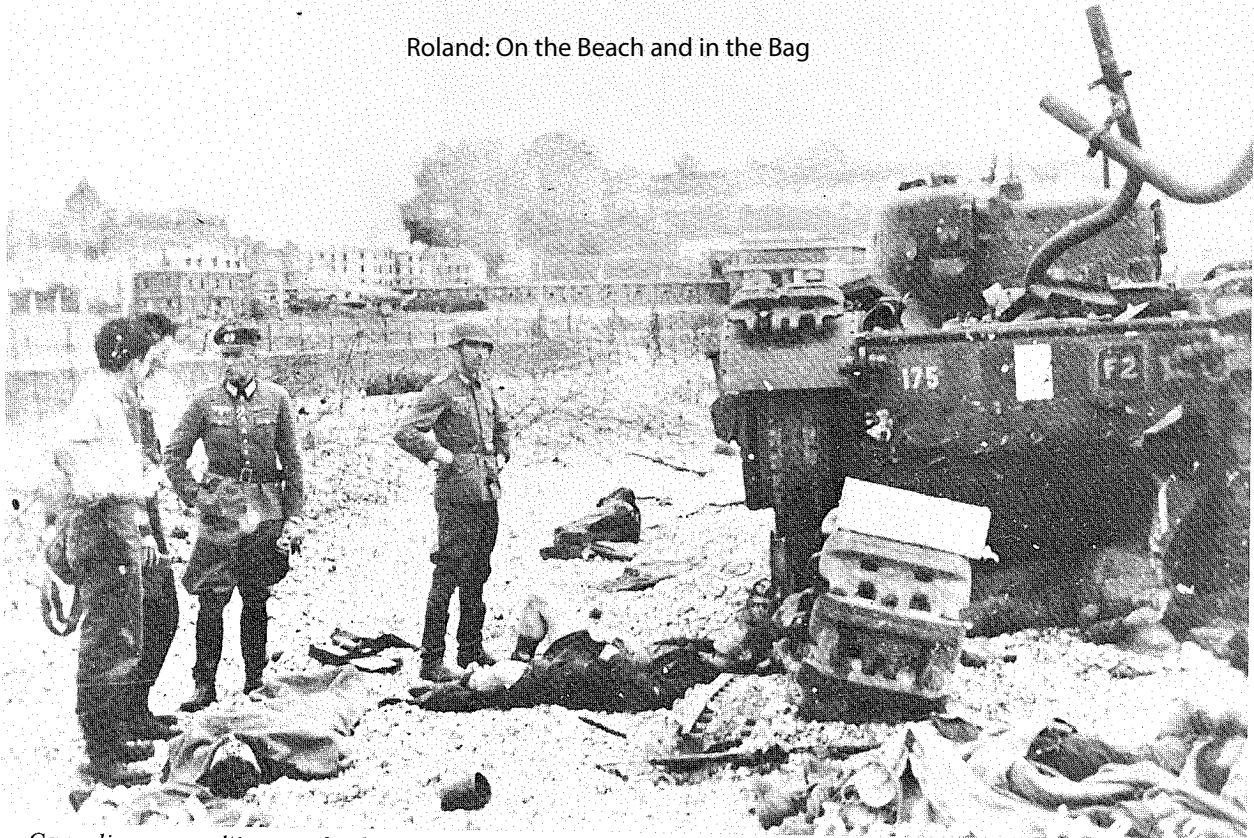
Bottom: A Canadian soldier with head wound is helped by one of his comrades following their capture at Dieppe, 19 August 1942.

No.11 Canadian Field Ambulance had been selected and trained with the main Dieppe forces, the plan being to supplement the regimental stretcher-bearers with sections of 11th CFA. Each section of the field ambulance was composed of an officer and 11 men. Their equipment was thoroughly supervised and an attempt was made to provide what was most suitable. Special packs consisting largely of shell dressings, morphine, sulpha drugs and plasma were provided, and the equipment was divided so that each man had some of it to transport.³

Four tank landing craft and two large flak landing craft were selected and equipped for handling casualties. Each of the four tank landing craft carried two medical officers and several medical orderlies, and each of the flak landing craft, one medical officer plus medical orderlies. The flak landing craft were to be grounded on the beaches one hour before the withdrawal was due to begin. Once loaded, each craft had a capacity of 100 casualties on stretchers and 60 walking wounded to return to the United Kingdom for transfer to hospitals. But,

none of this happened. From time to time the tank landing craft, which lay well out to sea awaiting the call to go in, answered urgent requests from destroyers and gun boats for medical officers, orderlies and supplies, and that was the total of their participation. At ten minutes to nine o'clock, as soon as it had become clear to the Naval and Military Force Commanders that the beaches were not securely held, the four hospital tank landing craft were ordered to return to port. Of the two large flak landing craft one did good service as a medical ship, and the other was sunk.⁴

By 0430 hours the first casualties had begun to come aboard HMS *Calpe* and HMS *Fernie*, even though these ships were destroyers, not hospital



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Canadian casualties on the beach at Dieppe await medical treatment immediately following the raid.

ships. Destroyers have little surplus space under any conditions, but the equipment required to transform a Hunt-class destroyer such as the *Calpe* into a headquarters ship further limited the space that might have been allotted to the wounded.

Nevertheless, much of the immediate care of casualties was carried out on destroyers, primarily *Calpe* and *Fernie*, as well as on the gunboat *Locust*. *Calpe* attempted to cope with 278 wounded men plus her own substantial number of casualties. Space in the wardroom and in the after mess-deck was soon occupied and, after that, the wounded lay out on the decks with little or no protection and many suffered additional wounds. Goronwy Rees, General Montgomery's liaison officer, described the casualties being brought aboard HMS *Garth* as "the grey, lifeless faces of men whose vitality had been drained out of them...The ship's medical officer tried desperately to improvise arrangements for blood transfusions which were far beyond his resources."⁵ Like the other ships, *Garth* took the wounded aboard to capacity.

Planning in the United Kingdom for the reception of the expected casualties was necessarily somewhat more elaborate. The main reception point was to have been Stokes Bay near Portsmouth, with Newhaven as a secondary site. The main dressing station was set up at the first

location by 10th Canadian Field Ambulance, but when it was learned late on the 19th that most of the casualties were arriving on board the destroyers at Portsmouth, 10th Field Ambulance and No.2 Canadian Motor Ambulance Convoy moved there with all haste and were fully ready when *Fernie* and *Calpe* arrived early on 20 August. Casualties arriving at Newhaven were cared for by 8th Canadian Field Ambulance. Ultimately, all casualties were transported to 7th Canadian General Hospital.⁶

Immediate Care of Casualties

Treatment of the wounded on the beaches followed standard lines where possible, though frequently it was not. The extraordinarily heavy enemy fire prevented many of the medical personnel from performing their duties. Nevertheless, much was achieved under appallingly difficult conditions. One Canadian who was involved in getting injured compatriots under cover and into the hands of the regimental medical officers on White Beach was Honourary Captain John Foote, padre of the Royal Hamilton Light Infantry, who subsequently received the Victoria Cross for his courageous and selfless efforts.

Captain D. Wesley Clare, RCAMC, was also on White Beach where he found fire so intense that it was impossible to seek out the wounded.

He set up his aid post in the lee of a derelict tank landing craft that had floated in broadside to the beach. His battalion had 13 men to dispense first-aid – two to each of four companies, and Clare and four men with headquarters company – but they quickly became casualties themselves. “As my one corporal was killed shortly after reaching the beach, and my sergeant was evacuated an hour later on a craft that landed the FMR [Les Fusiliers Mont-Royal], I had one first aid man and my batman stretcher-bearer. The wounded had to help themselves or be helped behind our craft.”⁷

On Blue Beach, in front of Puys, the fire was so intense that little medical work could be done.



Photo from author's collection

Captain Charles Robertson, RCAMC, who landed with a section of the 11th Canadian Field Ambulance in support of the Royal Regiment of Canada, was pinned down by enemy fire. It was literally impossible to venture onto the beach, so only casualties already under cover could be treated until after the surrender. “Really there wasn’t anything medically that I or anybody else did,” Robertson recalled. “You sure weren’t out on the beach.”⁸

On another part of Blue Beach, Lieutenant R.R. Laird was able to care for some of the wounded Royals. He was under cover, but the casualties had to get to him since he had been badly wounded himself; the lanyard from his revolver had been blown through his thigh leaving one end hanging out each side. Ultimately, his leg had to be amputated, and Laird was eventually repatriated to Canada.⁹



Photo courtesy of Ed Bennett

Wounded Canadian soldiers receiving medical attention following the Dieppe raid.



Photo courtesy of Ed Bennett





Roland: On the Beach and in the Bag

Photo from author's collection, courtesy Dr. D.W. Clare.

Above: Canadian prisoners formed up on a street in Dieppe. Front row left is Honourary Captain John Foote, the padre of the Hamilton Light Infantry, who was awarded the Victoria Cross for his gallantry in tending to the wounded during the raid. Front row right is Captain D. Wesley Clare, a medical officer who landed on White Beach.

Left: Canadian soldiers being marched into captivity.

The Men Left Behind

Once the white flag had been raised, immediate efforts were made to treat the wounded. Generally, the Germans behaved correctly and assisted the wounded men in various ways. Sometimes no more than a sip of water or a lighted cigarette, these were nevertheless appreciated gestures. Dressings were applied, morphine administered, makeshift stretchers rigged, and slowly the beaches began to be cleared. For some men, succour was delayed after RAF fighter-bombers swept along the beach after the surrender. The Germans stopped picking up the wounded at this time, and at least one man lay there until dusk.¹²

Some Canadians found the initial attention their wounded mates received was cursory indeed. Lucien Dumais was quite critical:

Enfin, un médecin arrive pour voir les blessés. Sa visite n'est qu'un simulacre. Il regarde une dizaine de blessés et, sans avoir touché un seul pansement, ni essayé de soulager qui que ce soit, ni envisagé de les diriger vers un hôpital, il repart! Ils vont donc passer la nuit avec nous dans ce chantier!¹³

Captain F.W. Hayter, MO of the South Saskatchewan, established his regimental aid post well off the beach at Pourville. The majority of his casualties were re-embarked under heavy fire and Hayter himself was able to return to England unscathed. He gave particular praise to the regimental stretcher-bearers, who performed prodigiously under heavy fire: "The majority of casualties among the stretcher-bearers occurred while they were carrying wounded across the beach, some of them making repeated trips."¹⁰

The MO for the Queen's Own Cameron Highlanders of Winnipeg, Captain Brackman, was severely wounded. Seen floating face down in the water, he was recovered and returned with the other casualties to England. At Berneval, the MO with the commandos, Sam Corry, had both legs broken by machine-gun bullets. And Captain Laurence Alexander, MO with the Calgary Tanks, was blown off a landing craft by a near miss. Climbing back on, he continued to care for the wounded.¹¹

Furthermore, there are reports that some of the wounded were executed by Germans after the surrender. Jack Poolton (Royal Regiment of Canada) stated that at Puits,

there were two German officers down there actually shooting the worst of the wounded, putting them out of their misery. I actually saw this one German officer shoot at least three. He was putting bullets through their foreheads. Even though I realised they were doing it as an act of mercy, I didn't want to see any more because it made me sick.

No other writer seems to have documented this event, but Poolton twice confirmed his account.¹⁴ Certainly killing badly wounded men as a sort of euthanasia was not outside the boundaries of known behaviour by German and Japanese forces during the Second World War. A British surgeon captured at Arnhem recorded a conversation he had with SS medical officers: "Only the simpler casualties are worth bothering about, the ones which will live until they reach the base. Any other approach is sentimentality, not surgery. For the rest? Well, in this Division we have a useful equation: '*Bauchschuss oder Kopfschuss – Spritzen!*' [Belly wound or head wound – Morphia Injection!]"¹⁵

Trooper John Lerigo, of No.3 Commando, reported that he saw Germans bayoneting the wounded. This seems to describe not euthanasia but rather simple murder. And what may have been a near miss has also been recorded from No. 4 Commando, where medical orderly James Pasquale was one of six whom the Germans lined up against a ditch. "They never said anything but it was obvious what was going to happen." However, a nattily dressed German officer came along and interceded.¹⁶

By mid-afternoon of 19 August, perhaps 500 Canadian POWs had been collected in a park adjacent to the German military hospital on Dieppe's Avenue Pasteur. Here, presumably, many of the wounded received some medical attention, at least to the extent of applying or changing dressings. The Germans requisitioned local ambulances to transport the worst of the injured, especially German soldiers. In general, "les blessés anglais sont à pied," though this same Dieppois also reported seeing a wounded Canadian POW being moved by ambulance.¹⁷ At Berneval-le-Grand, the wounded prisoners had been well treated, chiefly by the inhabitants. The

Germans had permitted them to provide the men with drinking water and to help care for their wounds.

In this immediate post-battle stage, emergency medical care was provided by the Canadians, German military personnel, and French civilians. Instances are recorded of German troops carrying wounded on stretchers, though commonly the Germans had fit Canadians carry their wounded comrades. One man remembers "walking through broken glass carrying wounded up to the hospital in Dieppe."¹⁸ For those who survived, more substantial aid would be given in various hospitals.

1. Hospitals

The first wounded Canadians seem to have arrived at l'Hôtel-Dieu, the main hospital in Dieppe, about noon on the 19th. One of the sisters saw that they had no medical officers, so a French physician and a nursing sister were requested. Soon the mother superior was assisting them herself. She also arranged for the sisters in the hospital pharmacy to provide compresses, bandages, syringes, needles, and ampules of medicine. Oil of camphor was injected in an attempt to stimulate the heart, an intern gave tetanus shots, and the sisters brought food from the hospital gardens. During the night of 19/20 August, the Canadians, fit and wounded, were removed from l'Hôtel-Dieu. By morning, only eight of the most severely wounded remained. One had a fractured skull.¹⁹ Other casualties were taken first to l'Hôtel Rhin. Some had first aid carried out there, but then most of these men went either to l'Hôtel Dieu or to the railway station.²⁰

Probably on the evening of 19 August, Captain Charles Robertson accompanied his wounded colleague, Captain R.R. "Pinky" Laird, RCAMC, in an ambulance to the Dieppe railway station. There Robertson was commandeered by a German medical officer to assist in the triage of the many hundreds of wounded, separating the seriously wounded from less serious cases and directing German stretcher-bearers to take them to different trains.²¹ The so-called "light wounded" were sent to Verneuil, the more seriously wounded to hospitals in Rouen. Fit POWs, and many light wounded who preferred to stay with their friends, were marched first to

Envermeu, and then, after interrogation, to a transit camp at Verneuil, 130 kilometres south of Dieppe.

Many of the wounded had some surgical care there before going on to POW hospitals or camps. The injured men were transported by truck or train, so at least were spared walking. At Verneuil, the three fit Canadian MOs, Robertson, Walmsley, and Clare, and at least one German doctor spent two days removing pieces of shrapnel under local anaesthetic, setting fractures, and suturing wounds.

Other survivors were sent to Rouen on 19 August, making the trip in railway boxcars or trucks. Many veterans have painful memories of their immediate medical care, especially the severely wounded. This is hardly surprising. Often they had multiple injuries, and some men are still incensed, 50 years later, that all of their wounds were not cared for at this stage. One man, whose leg was ultimately amputated at Rouen, criticized the care he received. Wounds in his arm and his head were not treated at all, though the Germans did put a cast on his leg.²²

According to more than one veteran, at least some of the patients treated at Rouen had surgical procedures done without anaesthesia. Robert Prouse of the Canadian Provost Corps worked in the Rouen hospital after receiving

treatment for his own shrapnel wounds in the calf. He found that his duty was to hold down soldiers while they were operated on. "We were anaesthetists, one for each arm and one for each leg. Either there were no anaesthetics or the Germans did not want to waste them on us."²³

In assessing any such claim, it must be kept in mind that much rough and ready treatment is carried out in emergency situations involving large numbers of casualties. The Germans not only had responsibility thrust on them for 600 Allied casualties, but they also had 326 of their own wounded who required care.²⁴ No local military medical establishment can cope instantaneously and effectively with more than 900 casualties, many very severe, that have been sustained in a few hours' fighting in a small geographical area. In cases where the wounds are (from the comfort of the historian's armchair) "minor" in nature, treatment is usually cursory in the initial stages. This triage occurs in peace as in war, and whether casualties are friend or foe. Moreover, there were apparently cultural differences in the use of anaesthesia. A British surgeon left behind at Dunkirk observed this, noting that a Belgian surgeon was inclined "to do things without or with insufficient anaesthetic. High standard anaesthetics were a British luxury not to be found on the Continent in the years between the wars."²⁵

Canadian wounded await treatment following the raid.



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Finally, three Canadians (Captain Robert Hainault of Montreal, Corporal Melville Parker of Toronto, and Private Adelard de Seve of Montreal) and one Briton received treatment at the Hôpital de la Pitié in Paris after their initial evaluation at Dieppe and immediate surgery at Rouen.²⁶ Parker and de Seve made the trip from Rouen to Paris on 26 August 1942, but Hainault was not transferred until 10 November, presumably because of the severity of his injuries. The four men were housed in a fairly large isolation ward in one of the buildings of the hospital, in the Maxillo-Facial Department. According to the Red Cross, the accommodation and food were "in every respect excellent and exactly similar to those to be found in an absolutely up-to-date Parisian hospital, which is now being used by the German army for the care of its own soldiers."²⁷ Parker's disfiguring facial wounds required restorative surgery, which he received from a German medical officer at La Pitié who was a specialist in this field.²⁸ Clearly, these three men received medical attention of a standard that probably would not have been surpassed in the UK.

2. Transportation

The Germans provided varied means of transportation to move the casualties away from Dieppe and its environs, and from Verneuil and Rouen into Germany. Excepting some severely wounded who remained longer in Dieppe hospitals, many of the men, wounded and unwounded, left the city on the 19th.

When they left Rouen, some fortunate men – a minority – were transported by hospital train. For most, the accommodation was more austere. From Verneuil, all the wounded seem to have been moved in boxcars, an unpleasant surprise for the Canadian MOs who had been looking after them, and a grim and painful time for the wounded. After treating over 250 casualties with minimal equipment, the MOs were shocked to find that the serious stretcher cases were to be transported in this way. In one boxcar, 21 stretcher cases were crowded in with four Canadian medical orderlies and Captains Clare and Robertson.²⁹

Though travelling by cattle car was standard practice for European armies, POWs moved in this way were usually overcrowded and under-

supplied with food and other necessities. Food was on some occasions denied to the POWs; when a group of German Red Cross workers at one railway station tried to give them food and drink, the guards knocked the food from their hands. Sometimes conditions in the boxcars were truly barbarous. One member of the Royals found the trip a nightmare in which he was wracked by hallucinations. Among his several injuries, he had been struck in the back: "in the hallucinations the Germans had me and there were coils of barbed wire and they had the small of my back bent backwards over this pile of barbed wire and they were wrapping wire all around my right shoulder." Later he found the cause of his hallucinatory state. He had been heavily dosed with morphine by his own officers, on the principle that he was not going to live anyway. "Might as well put the poor bugger out of his misery."³⁰

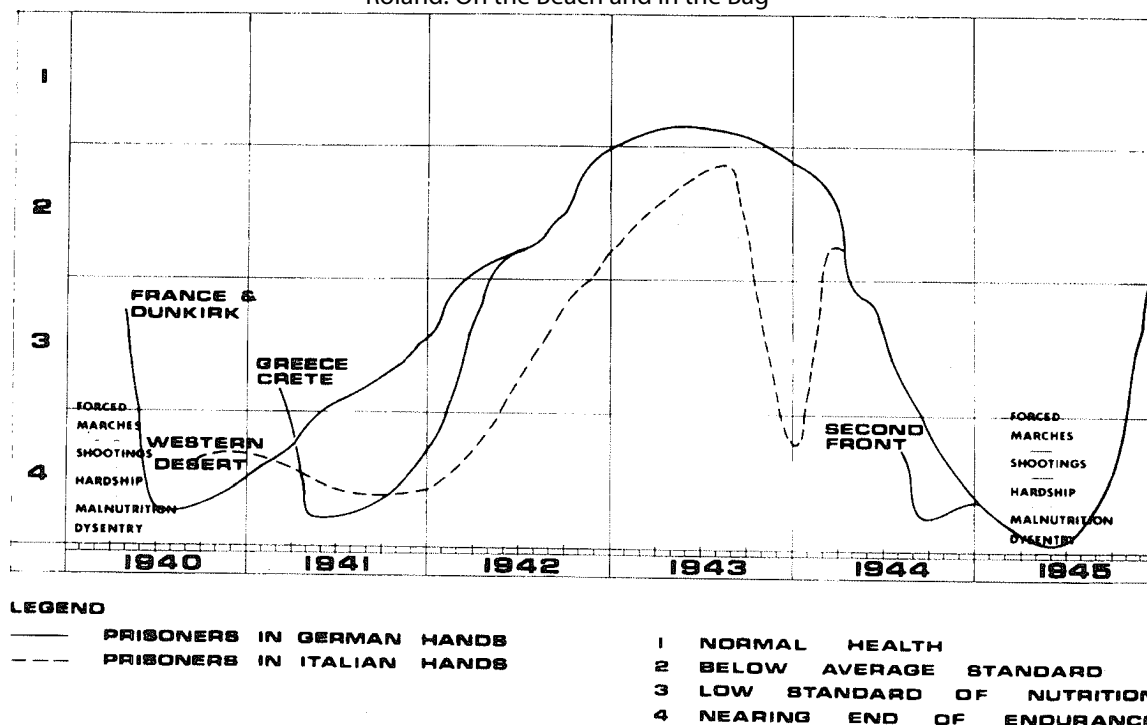
One of the British medical officers who saw the Canadians arrive at Obermassfeld had quite unpleasant recollections of their state about eight to ten days after the Dieppe Raid: "These people just fell out — absolutely whacked. Covered in excreta and in a terrible state. They'd been in there for days. Things we'd read about, and impossible to describe — the stench, the horror, the tragedy of it all."³¹

3. Prisoner of War Camps

In one respect, the Dieppe POWs were particularly fortunate – if they had to be prisoners at all – to enter captivity in 1942. By the middle of this year the general level of health of POWs in German and Italian hands reached its highest point in the entire war. Many POWs made statements to this effect. One of these was Lieutenant-Colonel Leslie Le Soeuf, an Australian MO captured on Crete, who spent the remainder of the war in the bag. In his memoir he published a graph showing swings in the state of health of western POWs during these years. My research suggests that this chart has broad applicability as a generalization.³² [see chart on next page.]

a. Lamsdorf

The majority of the fit NCOs and Other Ranks from Dieppe, along with a substantial proportion of the light wounded, went to



Relative health of Western POWs in German captivity, 1940-1945

Lamsdorf (now Lambinowice in western Poland). Stalag 8B, the division of the huge Stalag 8 complex that held the Canadians, the British, and other western Allied POWs, was itself a very large camp.³³ In 1944, this camp was designated Stalag 344. It held at various times between 10,000 and 20,000 POWs, with more in various work kommandos attached administratively to the camp. At various times there were also internal compounds where special groups were held in segregation from the rest of the camp.

There was a *revier* (medical inspection room) within the camp, and also a *lazaret*, or hospital, in its own enclosure outside the main camp wire. This hospital, into which the most severely wounded Canadians went, had six wards, each in a separate building, and was an efficient facility that passed one of the crucial tests: despite potential problems with sterilization, it had little sepsis, except for wounds that came in already infected.

In addition to the MOs, there were trained British medical orderlies who worked on the various wards for about three months at a time, rotating so that no one was too long exposed to diseases such as tuberculosis.³⁴ These orderlies seem to have provided a high level of care on the wards. Many of them had been well trained in their special field before the war, and since capture they had had years of work under first-rate medical officers to hone their skills and

challenge their capacity to improvise. Moreover, the working conditions at Lamsdorf acted to improve care for the wounded and the sick:

we were on duty 24 hours a day, you see...You were there on call at any time. Which didn't matter because there was nothing else to do. But it meant that people got quick treatment whereas, even in an ordinary hospital, they might have had to wait a while till a night sister came around.³⁵

Supplies of all kinds were chronically scarce in the hospital and *revier*. As a consequence, the orderlies used to break into the German supply area to steal what was required. "We had a laddie with us who was a professional burglar. He could open any door, and he was *most* useful."³⁶

When the Canadian wounded arrived, many were burdened with plaster casts that had been applied at Dieppe, Rouen, or Verneuil, and by this time these were pus-soaked and stinking. One patient was especially memorable: asked where he was wounded, he replied that his right arm was all right. Though the medical staff thought he had misunderstood or was being smart, when they examined him they found he had been quite literal; his right arm and only his right arm was all right. He had 21 wounds scattered about the rest of his body.³⁷

In general, there were correct, though not cordial, relations between the POW medical staff

(courtesy of the late Fred Hesk. England, a medical orderly at Lamsdorf during this period.)



Clandestine photograph of operating room scene in the lazaret of Stalag 8B, Lamsdorf, ca. 1943, showing femur being sawn through in an upper-leg amputation.

and the German staff doctors. The POW doctors were allowed full liberty in the professional treatment of their patients. Although it was impossible to obtain medical instruments in Germany, the British doctors had their own sets of instruments.³⁸ *Wehrkreis 8* also had an impressive prosthesis program that included not only a laboratory, but also a close working relationship with a professional German prosthetic engineer in a neighbouring town.

b. Molsdorf, Mühlhausen, and Eichstätt

Three other camps also housed Canadians from Dieppe. Stalag 9C Molsdorf was almost a transit camp. The men sent there arrived just before the end of August 1942, and on 20 September, they were moved because of repeated escape attempts. They travelled by boxcar to Mühlhausen, where they occupied a new and supposedly escape-proof building.³⁹ Only light wounded were received here; nothing in their treatment stands out as significantly different from other camps. Finally, 117 Canadians captured at Dieppe (97 officers, including four who were wounded, and 20 *ordonnances* or orderlies) were in Oflag 7B Eichstätt in the autumn of 1942.⁴⁰ Eichstätt was severely overcrowded and, though the men were generally in good health, the winter of 1942-43 was bitterly cold and the supply of coal was scanty. As a

consequence, there was a major outbreak of chilblains, rheumatic disorders, and chest diseases.⁴¹

4. POW Hospitals

Whatever the deficiencies of the German POW hospital system may have been in 1942, it was a better system than had existed in 1940. When large numbers of British and French soldiers became POWs in France and Belgium, the best the Germans could do was to leave captured medical units intact, and permit them to use their own supplies and equipment to get on with their work. As one repatriated medical officer put it, "I think I can fairly say that at this stage, following the invasion and fall of France, no medical organization had been worked out by the Germans for prisoners."⁴²

For the Dieppe casualties, especially the most severe, *Wehrkreis 9* was the German defence area they came to know well. This was the territory bound, roughly, by Frankfurt-am-Main in the west, Stuttgart in the south, Leipzig to the east, and Kassel to the north. It included medical facilities for POWs at Obermassfeld, Kloster Haina, Bad Soden/Salmünster, Hildburghausen, Stadtroda, and Egendorf.



a. Obermassfeld

About 180 of the most severely wounded Dieppe survivors were sent to the 400-bed POW hospital at Obermassfeld, a few kilometres south of Meiningen. The building had been an agricultural or forestry school before the war, but in the autumn of 1940 the Germans designated it a POW hospital, one of several created to provide care for the many casualties captured at the fall of France.

One of the British medical officers who helped establish the hospital arrived just before Christmas 1940. The building was empty, and had large dormitories that eventually made suitable wards. The site was in the country, and one feature marked it as being different from most other POW hospitals in Germany: there was a dairy factory, the *Molcherei*, adjacent which provided the building with abundant heat. "We were centrally heated from the factory, and we were very well heated. In fact it was almost too powerful. But it was very comforting. We never suffered from the cold in the winter, and we always had hot water."⁴³

On the whole, the medical staff found Obermassfeld reasonably satisfactory. The

German quartermaster sold *Sekt* (sparkling wine) to the medical officers, on the principle that the intended consumers, the civilians of Obermassfeld, were not used to such luxury, and besides he could make some money this way.⁴⁴ But despite this comfortably civilized beginning, Obermassfeld POW Hospital seems never to have been a happy institution, largely because of an active and interfering *Abwehr* detachment that was determined to search and investigate whatever seemed appropriate. As one orderly recalled, "sanitters [German medical orderlies] maintained an almost constant patrol through the whole place purely to ensure that internal discipline according to their rules was abided by to the hilt. Those found transgressing often found themselves in a stone cell for a week. Even a double amputation case once went through the punishment."⁴⁵

Life at Obermassfeld was made unpleasant for both medical staff and patients by the rigid stance of the *Chefarzt*, *Hauptmann* Dr. Martin Falke. He took charge in early 1942 and proved to be "most difficult to deal with," in the words of a British dental officer who was SBMO [Senior British Medical Officer] for a short period that summer. The *Chefarzt* assumed dictatorial powers and "gave certain orders which I could

only obey under protest and which were clearly infringements of the Geneva Convention relating to Prisoners of War."⁴⁶ By July 1942, Falke had forced this officer out and Major G.D. Hadley, RAMC, took over.

Hadley was the SBMO when about one-third of the Canadian casualties reached Obermassfeld in August 1942. An RAMC medical orderly at Obermassfeld remembered their arrival clearly:

Most of the [Dieppe casualties] reached us still with the original field or shell dressings applied to their injuries...A number of them were in very poor shape. All our fellows sprang to action, surgeons working flat out, orderlies lifting themselves to new heights of endeavour. For once the harshly imposed rules of lights out at nine o'clock were waived and operations went on through the night and the following night.⁴⁷

Also extremely helpful for the Dieppe casualties was the existence of a functioning blood transfusion service at Obermassfeld, with medical staff and convalescent patients as the donors. When the Canadians arrived on a French ambulance train, they had been badly neglected. Two teams of surgeons operated continuously for more than 24 hours; blood transfusions were needed often, and fortunately were available. The Canadians were also greatly aided by the fact that they arrived in hospital after a short, albeit painful, battle and thus retained the full benefit of their excellent physical condition.

Although a few of the Canadians succumbed to their wounds and ensuing complications, the majority did well at Obermassfeld. They had the benefit of first-rate medical and surgical care, despite the deficiencies of supplies and equipment that plagued all German POW establishments. When the International Committee of the Red Cross [ICRC] visited Obermassfeld in October 1942, they found that Major Hadley had ten other medical officers to assist him in running the hospital. The wards were large and well ventilated, with double-tier beds for the ORs and, in the officers' ward, single beds. The operating room was described as "primitive but clean." New instruments were needed, however. The x-ray installation was "very satisfactory."⁴⁸ Finally, morale was good, thanks in large part to the medical staff. Praise for the hard work and dedication of the British Army

medical orderlies was general, from patients and from the medical officers.⁴⁹

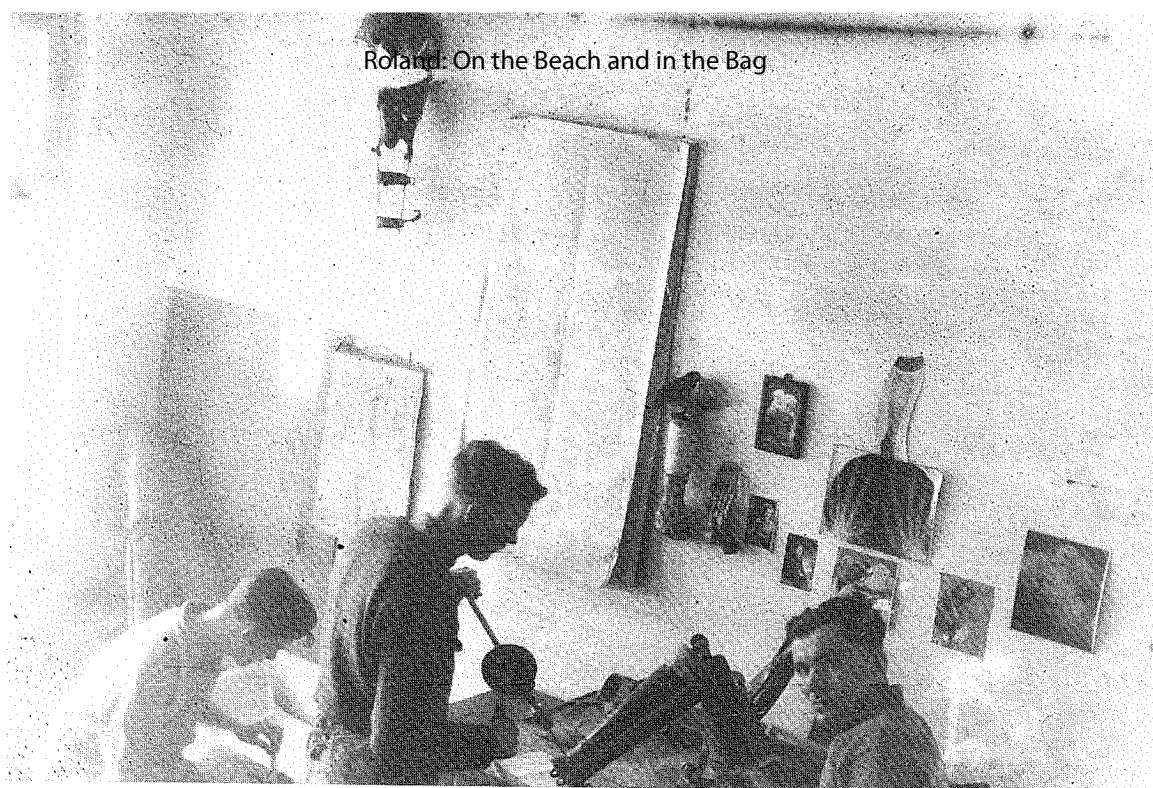
b. Kloster Haina

One of the more interesting POW medical establishments was at Kloster Haina, a small village east of Frankfurt-am-Main, in a former Cistercian Abbey that Philip the Magnanimous converted into a mental hospital four centuries earlier.⁵⁰ Kloster Haina existed as a POW establishment only from the spring of 1942 until October 1943, though it had a much longer and continuing existence as an insane asylum. Part of the building was used for the wounded POWs, while some of the remaining sections continued in their original function.⁵¹

Through the efforts of St. Dunstan's (a training school for the blind in the United Kingdom), the British Red Cross, the Order of St. John of Jerusalem, the ICRC, the YMCA, and two Allied POWs, Major David L. Charters, RAMC, an ophthalmic surgeon from Liverpool who was captured in Greece, and Lieutenant the Marquess of Normanby, of the Green Howards, who was wounded and captured near Dunkirk, the POW hospital was established as a convalescent centre specializing in POWs blinded as a result of wounds.⁵² All anglophone blind POWs were collected here, along with a large number of amputees. The original German staff was headed by the *Chefarzt, Stabsarzt* Dr. Erich Zeiss, with an *Assistentarzt, Oberarzt* Dr. Helmuth Jung. The SBMO in the summer of 1942 was Major John Chapel, RAMC.⁵³

When Charters arrived at Kloster Haina in June 1942, the blind school had five teachers ministering to 40 blind POWs. At that time, Kloster Haina held 246 British patients (housed separately in two wings of the main building), 200 French patients, and 600 German lunatics in separate quarters.⁵⁴ Despite the specialist interests of Charters, most of the patients at this new camp were amputees, including many Canadians, a few RCAF POW casualties before Dieppe and many survivors of the raid from September 1942 on.

In September, the patient population had increased to 382, plus four MOs, eight medical orderlies, one masseur, two blind teachers, one padre, and an orderly. Almost half the patients



(courtesy of the late Fred Hesk, England, a medical orderly at Lamsdorf during this period.)

Clandestine photograph showing limb-making department at Stalag 8B, Lamsdorf, ca. 1944. POW in right foreground is Arthur Weston, who established this department under the guidance of Lieutenant-Colonel T.H. Wilson, RAMC, the Senior British Medical Officer in the camp.

were Canadian. Conditions were less than ideal. The supply of surgical instruments and other medical equipment and supplies was deficient for what Dr. Charters had been assured would be "the only ophthalmologic centre for prisoners of war in Germany."⁵⁵ By all accounts, Charters did effective work with what was available.

Modern facilities needed for the rehabilitation of amputees were also scarce. Improvisation provided much, not only rehabilitative apparatus, but also prostheses themselves. At least one Canadian from Dieppe, Howard Large of the Essex Scottish Regiment, an amputee whose leg was removed at Obermassfeld, occupied himself over many long months by devising functional, if Rube Goldbergesque, artificial limbs in concert with several other volunteers.⁵⁶

In the last months of 1942, some organization took place in providing rehabilitation services to amputees. Nine medical orderlies and three masseurs were available to work with the 200-plus amputees. ICRC representatives reported that a room for "meconotherapy," or physical therapy, had been set up with apparatus made by the POWs. Moreover, a Captain Laurie, who had been a teacher in physical training at Aberdeen before the war, had volunteered to go to Kloster Haina and supervise the rehabilitation program. And

finally, every 15 days they were visited by Major Bill Tucker, a British orthopaedic specialist. On his recommendation, patients who needed treatment not available at Kloster Haina were sent to Obermassfeld or to a German Special Lazaret.⁵⁷

Many of the non-medical problems experienced at Kloster Haina seem to have stemmed from a common source - the *Chefarzt*, Dr. Jung, who had taken over command from Dr. Zeiss. Jung had imposed strict rules preventing not only the patients but also the medical staff from moving about in the evening. This restriction complicated the work of the doctors and orderlies, who had to send for a guard - not always available - to allow them to go and see their patients. Moreover, Jung's policy had one effect that impacted on everyone in the institution; it made common recreations impossible, especially the organization of concerts and other shows, and also prevented the men from taking part in study courses.⁵⁸

This matter of collective punishment, itself a contravention of the Geneva Convention, was a major issue. The SBMO pointed out that, after an attempted escape by two officers (one Canadian and one American), Jung placed restrictions on the hospital as a whole. These included not issuing Red Cross food, closing all windows, except fanlights, closing all exits into

the courtyard, and forbidding all exercise in the open air. An ICRC inspector noted that the two “escapers” had not even left the hospital buildings but merely spent the night in another block. Thus he found it “particularly unjust and hard that the above restrictions should as collective punishment also be imposed on prisoners who could never hope to escape or even think of it, such as the totally blind or most of the amputees.”⁵⁹

Despite these kinds of petty oppression, the spirit of the men was in general excellent. One patient, a Canadian from the Essex Scottish, cherishes a group photograph taken at Kloster Haina. He had had a leg amputated, as had a large number of the POWs shown. But, as he pointed out, he was easy to find because he had carefully seated himself next to the one man who was a double amputee. The picture was to be sent home, so his mother could see that he was far from being the most seriously injured.⁶⁰

Again, as at Obermassfeld, local German bureaucracy and petty meanness could not prevent the men from obtaining high-quality medical and nursing care. And for the vast majority of the men they received this care from fellow POWs.

Kloster Haina was closed in late October 1943, after the majority of the POW patients went home in the first large repatriation. The remaining patients and medical staff were transferred to Bad Soden/Salmünster.⁶¹

c. Hildburghausen

When the Dieppe casualties arrived at Hildburghausen in August/September 1942, they found a small POW hospital that had been in existence since soon after the fall of Dunkirk. The first medical officer there, who remained as SBMO until the middle of 1943, was Lieutenant-Colonel T. Henry Wilson, RAMC, late of the 21st British General Hospital.⁶²

The Hildburghausen site, about 45 kilometres east of Obermassfeld, was a lunatic asylum. Two buildings, some hundreds of yards apart, were assigned for use as the POW hospital; one building was a part of the asylum, and the second was on a nearby farm belonging to the institution.⁶³ The surgical division of the hospital, in the building known as *Frauenhaus*,

had a capacity of 95 beds, and internal medicine, with 15 beds, was allotted a building called *Karolinenburg*. The patient wards had from four to 14 iron beds which, the inspectors found, had “animal hair mattresses, two sheets and two woollen blankets.” The sheets were changed every three or four weeks, “more often if necessary.”⁶⁴ Hot water existed in good supply, hot baths or showers were available at least once a week, and there was a hot-air apparatus for disinfecting clothing and bedding.

Food was basically adequate, though some complaints stemmed from the heavy use of caraway seed as a flavouring. The food was prepared by German personnel, and no control was exercised by the POWs. Nor were the contents of Red Cross parcels accepted by the kitchen for incorporation into the cooked meals, as was done at most POW hospitals. On the other hand, about 20 patients received dietary supplements from the kitchens, including white bread, wheat flakes, rolled oats, and soup, on the prescription of the POW MOs.⁶⁵ Unlike the patients, the medical staff had facilities permitting them to prepare their own food to their liking.

We know a little about specific medical methods used at this lazaret and, by extrapolation, we can assume their general use with Canadian and other POWs. Men who had diarrhoea were treated with calomel (a mercuric compound of considerable antiquity), animal charcoal, and milk. The physician who observed this treatment noted that it “would be classed as good by the German doctor,” but it was not as effective as drug therapies then available – but not in German POW camps. At this same lazaret a diabetic POW had been 25 days without insulin, which the Germans could not or would not supply, and which had been requested from Geneva.⁶⁶

This question of the availability of medicines was a cause of great concern to POW medical officers. Although some drugs were obtained from the Germans, these seem never to have been in large quantities and, as the war progressed, this source became increasingly unreliable. An analysis made late in 1942 indicated that the supply of morphine and opium would be totally expended by June or July of 1943; in the meantime, “it is reported by a reliable source that morphine is given to

prisoners in the following order: British, French, Polish, and lastly, the Russians.”⁶⁷ Intravenous anaesthetic agents were manufactured in Germany and there should have been no shortage. Ether and chloroform had been reported as scarce in some areas. Since March 1940, iodine could be obtained only with a prescription and tincture of iodine was reduced in iodine content from 10 percent to 5 percent. But as with IV anaesthetics, many antiseptics were made in Germany and there should have been a plentiful supply. Paper bandages of poor manufacture were widely used in Germany, a fact commonly referred to by POWs who regarded them as inadequate substitutes for cotton.⁶⁸

Serious surgical cases were handled at Obermassfeld, but much surgery was carried out at Hildburghausen, where the SBMO, Lieutenant-Colonel Wilson, was seen as “very conscientious and highly esteemed by the German doctors of the lazaret.”⁶⁹ Unfortunately, by the time the Canadians arrived a new *Chefarzt* had taken over, and relations between this man, *Stabsarzt* Dr. Falkenberg, and Wilson were never good. After a number of confrontations, Falkenberg won. He rose in rank from *Stabsarzt* to *Oberstabsarzt*, while Wilson was banished to Oflag 9A/H Spangenberg, where he was no longer doing medical work.⁷⁰ Later, he was transferred to Lamsdorf and took charge of the lazaret there.

d. Stadtroda and Egendorf

The hospital train carrying Canadian casualties from Rouen to Stadtroda took four days to reach its destination, a distance of only about 500 kilometres. The Stadtroda POW Hospital, located in *Wehrkreis* 9 as a *Reserve Lazaret* attached to Stalag 9C, was in a two-story building, with British and Canadian patients in a large ward on the main floor. Late in August 1942, it received 70 Dieppe casualties, thus effectively filling its rated bed capacity of 200.⁷¹ Stadtroda had severe limitations as a hospital; for example, the supply of latrines was grossly deficient, a serious problem in a hospital setting.

The Egendorf POW lazaret, located in the country near Weimar, occupied a stone building that had previously been used as a *Reichsführerschule*. The bed capacity was about

250, and there was an all-British medical staff, although most of the patients were not British. For example, in October 1942 there were four medical officers and 21 medical orderlies to care for 252 patients; 59 were “British,” including 48 Canadians from Dieppe, while the remaining 193 were Belgian, French, Serbian, and Russian.⁷² The SBMO was Captain Cooper, RAMC. The lazaret had been established expressly as a typhus hospital, and each patient went through a delousing plant before entering. However, neutral inspectors reported in October 1942 that “there is no typhus case here and therefore patients with any kind of diseases are brought here from the nearby work-camps.”⁷³

Inspectors found many favourable topics for comment at Egendorf. The British cooked the food themselves, rather than the Germans. Arrangements had been made with the *Chefarzt*, *Stabsarzt* Dr. Seuwen, to permit the medical staff to have the use of the electricity into the evening. The medical personnel were permitted to take walks, on parole, although the sports field near the hospital was temporarily closed as a reprisal for the escape of two MOs, Captains Gibbons and Deane, in early 1942. Medically, Egendorf seemed to function effectively. Treatments beyond the capacity of the medical staff, including the use of x-rays, were carried out in Weimar. Dental work was performed by a civilian dentist in nearby Blankenhain, but dentures had to be ordered through the main Stalag, a process that produced lengthy delays.⁷⁴

5. The Geneva Conventions

At Kloster Haina, Major Charters accused the Germans of violating several Articles of the Geneva Convention of 27 July 1929, Relative to the Treatment of Prisoners of War; similar charges were made with respect to other camps which held Canadian prisoners. The violations that involved the sick and wounded, and the status of Protected Personnel, were most commonly of three types. First, there was alleged failure to provide sufficient food or medical supplies (which has already been discussed in some detail). Secondly, there were allegations of group reprisals. And thirdly, there was the charge of failing to repatriate both the severely wounded and the seriously ill, as well as surplus Protected Personnel.



Courtesy of Dr. D.W. Clare.

Funeral of a POW, Germany.

a. Reprisals

Article 46 of the Convention on POWs covered penal sanctions against POWs, and specified that collective penalties for individual acts were prohibited. Moreover, Article 2 stated that "Measures of reprisal against them are prohibited." In some of the instances charged, reprisal was avowedly carried out and no defence was possible. In others, attempts were made to justify the behaviour. One mechanism attempted against POW hospitals was to refer to the Geneva Convention on Sick and Wounded, where Article 7 states: "The protection due to sanitary formations and establishments shall cease if they are used to commit acts injurious to the enemy." This would seem to have been the legalistic underpinning of an order issued to the 2/5th Australian General Hospital after its capture in Greece in 1941: "From Routine Order No. 3, 28 April 1941, Change of Command: 1. d. Any action towards escaping or contrary to military discipline or harmful to the German Command will result in the hospital ceasing to hold medical privileges."⁷⁵

Disputes of this nature are difficult to resolve to mutual satisfaction. But there seems no question that collective punishments of several varieties were carried out against Canadian and other POWs as reprisals for various acts or alleged acts. The most celebrated of these, and one of the most dramatic to affect western POWs during the war, was the infamous shackling order of October 1942.

The broad issues connected with the shackling of Allied and German POWs cannot be entered into here.⁷⁶ But a pertinent question is whether or not Protected Personnel or patients were made to suffer this reprisal. Certainly it can be said that lazarets and reviers were not generally subject to shackling. At least one Canadian veteran of Dieppe wrote after the war that he had been tied up both before and after a hernia operation early in 1943.⁷⁷ But he was chained only after being returned to the stalag compound, when presumably he had recuperated and was considered once again "fit."

It seems reasonable to conclude that the major reprisal of shackling, in effect for more than 13 months, was not used against patients of any nationality. Thus this measure was not a factor in examining the fate of wounded Canadians from Dieppe, although there is at least one piece of evidence indicating that the Germans threatened to tie up Canadian patients in the Lamsdorf Lazaret. Fred Hesk, an RAMC orderly there, remembers that

they started chaining the Canadians and they complained that there weren't enough. They wanted to come and chain the ones in hospital. And we said, "No, we wouldn't accept it. Chain us instead." Well, they thought about it, and then they realized it that if they chained the RAMC they'd have nobody to do the nursing. So they decided they would make the number up with RAF personnel.⁷⁸

b. Repatriation

It may have been deliberate policy on the part of the Germans to retain as many Protected Personnel as possible in their territory. Certainly, the more active Allied POW MOs and medical orderlies were in caring for their own men, the less was required of German physicians and other medical personnel. Ultimately this meant that more German doctors were available for the Wehrmacht as well as the home front.

The first successful repatriation of *grands blessés* and Protected Personnel took place in October 1943. The repatriates arrived in the United Kingdom from Gothenberg, Sweden, on 24 and 25 October, the walking cases and Protected Personnel at Leith, having sailed on HMT *Empress of Russia* and SS *Drottingholm*, and stretcher cases, having sailed on *Atlantis*, at Liverpool. The total number of repatriates was 4,159: 2,658 disabled, 1,244 Protected Personnel, 152 merchant seamen, and 105 civilian internees. The Canadian contingent comprised 44 combatant personnel and six Protected Personnel (Captain R.R. Laird and five medical orderlies, Corporal G.A. Fletcher, Royal Regiment of Canada, Corporal H.V. Jones, Royal Hamilton Light Infantry, Sergeant D.H. Jordan, South Saskatchewan Regiment, Corporal Corporal G. Pasquill, Queen's Own Cameron Highlanders of Canada, and Sergeant L. Stephenson, Essex Scottish Regiment).⁷⁹

6. Escaping from POW Hospitals and Lazarets

Another issue that bears mention is the morality of escaping from medical facilities used for the care of POWs. This is quite separate from the appropriateness of attempts to escape in general.⁸⁰ Since Canadian POW-patients could be affected by reprisals that often were imposed after escapes, discussion of the issues seems relevant.

The question carries different ramifications for medical personnel and for patients or non-medical staff. For the first group a moral imperative would seem to be in effect whereby medical officers, medical orderlies, and nurses do not abandon patients whom they are actively caring for at the time of a projected escape

attempt. On the other hand, where no patients are under care, medical personnel would seem to have the same right – and duty? – to escape as do other POWs.

Nevertheless, the matter is not a simple one. Technically, under the Geneva Convention of 1929 (and the 1949 revision), captured medical officers and orderlies are not POWs, but rather are designated as Protected Personnel. Surplus Protected Personnel, under the same international agreement, are to be returned to their home jurisdiction. Can one “escape” if one is not a prisoner? Another question was the status of volunteer medical orderlies. Technically, they were not Protected Personnel, yet they were occupied tending the wounded. The moral pressures have been well expressed by Steve Michell, describing his hospital-train ride into captivity in Germany:

Many times I'd look out at the French landscape with the notion of jumping out of a window after dark. Then I'd look back at all the poor bedridden guys in the coach. If I took off, who would change their bandages and tend their putrefying wounds? Oh, to hell with it; many of them had little enough chance as it was, without me running out on them.⁸¹

Prouse, in the next railway coach, also considered attempting to escape. He also decided against it, both because of his feeling of obligation to his wounded mates and because he knew that if he remained with the train, ultimately he would be registered in a camp and his family would learn that he had survived.⁸²

For non-medical individuals the issues seem clearer. It was widely accepted, though not perhaps a directive under military law, that POWs had a duty to attempt to escape. Given this, why not escape from medical installations? Officially, and very widely unofficially as well, it was believed that this should not be done. The reason was the fear of retaliation by captors against an entire hospital or lazaret. Methods of reprisal are relatively few in type: deprivation of food, of liberty for various activities, and more restrictive incarceration. All of these, if effected in a hospital, could worsen the condition of patients left behind by escapees.

Conclusions

What can we conclude from these observations? It is a reasonable and supportable generality that Canadian troops captured at Dieppe were as well treated as other Allied POWs from the western nations. This was true of casualties as well as the uninjured. But I refer to relative conditions. I do *not* suggest that our POWs lived in luxury nor that their treatment was faultless, merely that compared to many other national groups, it was better. If one had to be a POW, one's chances of survival were profoundly improved if one were Canadian rather than Russian or Polish.

In the immediate aftermath of the raid, medical treatment was often rough and ready. However, excepting always the possible brutality of an ardent Nazi medical officer, medical orderly, or nurse, treatment was appropriate within recognized bounds of triage and emergency care for large numbers of wounded.

On the question of transportation of the wounded from the Dieppe/Rouen area to camps and hospitals in Germany, the situation is less positive. It was standard practice in Europe to move troops via cattle cars; they were labelled "40 hommes ou 8 chevaux" and commonly referred to as 40 and 8s. Unfortunately, many Dieppe casualties were moved in boxcars in conditions of filth, with insufficient food and water, and with lengthy delays for the distance to be travelled. The provision of hospital trains and ordinary railway passenger cars for some of the men rules out the charge of studied brutality. It seems a reasonable supposition that the availability of otherwise unoccupied hospital trains was not large. By late August 1942 the *Wehrmacht* was sustaining prodigious casualties on the Russian front. With the western front quiet, a large proportion of medical personnel and equipment must have been concentrated in the east. But that situation, if true, does not excuse the failure to provide the wounded with adequate space, food, water, or medical supplies in the boxcars.

Although they may not have realized it at the time, the men captured at Dieppe entered captivity in Germany at the best possible time. In the last months of 1940, with the huge number of Belgian, French, and British POWs taken

earlier that year, life in the camps and hospitals was especially hard, producing conditions that did not exist again until the closing months of the war. The prisoners had to be housed, fed, in some cases clothed, and medically treated. As has been shown, hospitals were created from scratch. It took some time for the POWs to be processed and information sent to the ICRC in Geneva, and until that was accomplished and each man was individually registered, not only were their families and their governments unaware of their fate, but also the various national Red Cross societies could not initiate what became, for western Allied POWs, the flood of Red Cross food and medical parcels. By 1942, all of these conditions had stabilized so that, with isolated exceptions, housing, clothing, and food were adequately supplied, contact with families at home had been established, and life was bearable.

The medical care of the Dieppe casualties seems to have been at least adequate in the Dieppe area and usually superior in the POW hospitals and lazarets. Reprisals, in particular shackling, did not affect either patients or medical personnel. Other collective measures were unquestionably major inconveniences but it is difficult to prove that the condition of any casualty was made significantly worse by such measures. Although repatriation plans evolved with painful slowness, when repatriation did occur, Canadian survivors of Dieppe were accorded the same treatment as all other Western Allied POWs.

In conclusion, it is worth comparing the statistics of Canadians captured in Hong Kong, eight months before their Dieppe compatriots went into the bag. Of 1,699 men captured by the Japanese, 1,418 came home and 281 died in captivity, a mortality rate of nearly 17 per cent.⁸³ In contrast, of the 1,946 Canadians captured at Dieppe, 72 died in captivity, a mortality rate of only four per cent; 1,874 came home. Granted, some brought home physical and mental problems that continue to disturb and distress them, but they came home. And the large majority, while losing three years of their lives, returned to jobs and families.

To some degree, credit for this survival rate must go to the medical officers and medical orderlies, trained and volunteer. The Germans

created a system of lazarets and reviers that provided a setting where good medical care could exist, but their involvement was rarely more direct. With infrequent exceptions, POWs looked after POWs, and they did a remarkable job.

Notes

This article is based on a paper presented at a conference of the Canadian Committee for the History of the Second World War, Québec City, 12-13 November 1992.

1. National Archives of Canada [NAC], Department of National Defence Records, RG24, CMHQ, FB45, vol.12810, file 45/DIEPPE/1: "Personnel of, or employed with, the Canadian Army Overseas protected under the Geneva (Red Cross) Convention, 1929, in German hands on 2 Mar. 1944." Omitted from the list of MOs in this document was Captain Laird, who had been repatriated because of his wounds before this date; Charles P. Stacey, *Six Years of War: The Army in Canada, Britain, and the Pacific* (Ottawa: Queen's Printer, 1955), p.389.
2. Lord Lovat, *March Past* (London: Weidenfeld and Nicolson, 1978), p.271.
3. Charles P. Fenwick, "The Dieppe Raid," in Sir H.L. Tidy, ed., *Inter-Allied Conferences on War Medicine, 1942-1945: Convened by the Royal Society of Medicine* (London: Staples Press, 1947), p.306.
4. R.W. Thompson, *Dieppe at Dawn: The Story of the Dieppe Raid, 19 August 1942* (London: White Lion Publishers, 1972), pp.162-63.
5. Goronwy Rees, *A Bundle of Sensations: Sketches in Auto-biography* (London: Chatto & Windus, 1960), pp.170, 172.
6. Fenwick, p.307.
7. Dr. D. Wesley Clare, interview by Charles G. Roland, Oral History Archive, Hannah Chair for the History of Medicine, McMaster University, Hamilton, Ontario [OHA], HCM 1-80, 15 May 1980, p.16.
8. Dr. Charles T. Robertson, interview by Charles G. Roland, OHA, HCM 10-80, 7 July 1980, p.7.
9. Ronald Atkin, *Dieppe 1942: The Jubilee Disaster* (London, Macmillan, 1980), p.125. At least one member of his regiment had scathing words for Captain Laird: "He had his leg off, and all he did - he never once asked any of his men how they were feeling...all he did was *parlez vous français* with this French doctor, to get his morphine. That's all he ever worried about. And he's the same way at Obermassfeld - complaining and whining, just about drove the doctors crazy - Jesus Christ! The man was a bloody disgrace to the regiment. I mean, being a doctor you'd think - sure he had a leg off, but people there were a hell of a lot worse off." Howard W. Bradley, interview by Charles G. Roland, OHA, HCM 20-83, 29 June 1983, p.14.
10. F.W. Hayter, "The Dieppe Raid," in Tidy, pp.311.
11. Hayter, p.310; Atkin, p.90, 172.
12. Grenville William Juniper, interview by Charles G. Roland, OHA, HCM 31-83, 27 October 1983, p.10.
13. Lucien A. Dumais, *Un Canadien Français à Dieppe* (Paris: Éditions France-Empire, 1968), p.191.
14. Atkin, p.239; Jack Poolton to Charles G. Roland, 17 March 1993.
15. Daniel Paul and John St. John, *Surgeon at Arms* (London: Heinemann, 1958), p.45.
16. Atkin, p.240.
17. Claude-Paul Couture, *Opération «Jubilee»: Dieppe, 19 août 1942* (Paris: Éditions France-Empire, 1969), p.344-5.
18. Stanley Allen Darch, interview by Charles G. Roland, OHA, HCM 20-85, 27 February 1985, p.4.
19. Couture, pp.363-65.
20. Edwin Bennett, interview by Charles G. Roland, OHA, HCM 6-81, 21 May 1981, p.16.
21. Robertson interview, 7 July 1980, HCM 10-80, pp.10-11.
22. Bradley interview, 29 June 1983, HCM 20-83, p.14.
23. A. Robert Prouse, *Ticket to Hell, Via Dieppe: From a Prisoner's Wartime Log, 1942-1945* (Toronto: Van Nostrand Reinhold, 1982), p.24.
24. Jacques Mordal, *Dieppe: The Dawn of Decision* (London: New English Library, 1981), p.246. Mordal says the number of wounded was 268, but his own individual unit figures total 326 and that is the figure I have used.
25. Philip Newman, *Safer Than a Known Way: An Escape Story of World War II* (London: William Kimber, 1983), p.42.
26. RG24 C2(f), vol.8026, file 24-36, Lazaret de la Pitie, Germany [sic].
27. *Ibid.*, ICRC report of 18 March 1943, p.10.
28. *Ibid.*, report of 10 June 1943, p.2.
29. John Mellor, *Dieppe: Canada's Forgotten Heroes* (Scarborough, ON: Signet, 1975), p.121.
30. Fred J.L. Woodcock, interview by Charles G. Roland, OHA, HCM 4-81, 7 April 1981, pp.24-25.
31. Dr. William S. Holden interview by Charles G. Roland, OHA, HCM 32-85, 25 March 1985, p.23.
32. Leslie Le Soeuf, *To War Without a Gun* (Western Australia: private, 1980), p.392.
33. This camp was identified as Stalag 8B until December 1943, when it was renamed Stalag 344 and a new camp at Teschen was designated Stalag 8B. Because the Lamsdorf camp was Stalag 8B when the Canadians arrived, that usage is continued here. See W. Wynne Mason, *Prisoners of War* (London: Oxford University Press, 1954), p.298.
34. Frederick Hesk, interview by Charles G. Roland, OHA, HCM 32-85, 20 March 1985, pp.8-9.
35. *Ibid.*, p.13.
36. *Ibid.*, p.11.
37. *Ibid.*, p.9.
38. Public Record Office [PRO], War Office, War of 1939-1945: Reports of International Red Cross and Protecting Powers, WO 224, File 27, Stalag VIIIB (344), 1941 June-1945 April; Rpt of visit to Stalag 344 (formerly 8B) on 4 May 1944 by Drs Rossel and Lehner, ICRC, pp.3-4.
39. Prouse, p.89.
40. RG24 C2(f), vol. 8023, file 20-3, Oflag 7B, Eichstätt, visit of Dr. Roland Marti, ICRC, 10 November 1942, p.1.
41. Mason, pp.236-37.
42. Austin G. Hower, "Organization and treatment in German military hospitals for prisoners of war," in Tidy, p.392.
43. George Evason Smyth, interview by Charles G. Roland, OHA, HCM 34-85, 27 March 1985, pp.5-6.
44. *Ibid.*, p.25.

45. H.L. "Bert" Martin, *Lasting Impressions, 1939-1945: The War Memoirs of a Medical Orderly* (Unpublished MS, 1991), p.42.
46. NAC, RG38, Department of Veterans Affairs Records, Canadian Medical Intelligence Division, vol. 138, file 7728, Report of Major H.S. Golding, May 1940 to October 1943; p.4.
47. Martin, p.61.
48. RG24 C2(f), Special Assistant to the Adjutant General, 1945, vol. 8025, file 24-20, Reserve Lazaret Obermassfeld Stalag IXC; visit of ICRC representatives, 16 October 1942.
49. Gren Juniper said feelingly, of the orderlies, "Boy, they were just great!" See Juniper interview, HCM 3183, 27 October 1983, p.20; Major Tucker describes them as being "magnificent throughout." William E. Tucker, "Experiences as a prisoner of war in Germany," *Proceedings of the Royal Society of Medicine* 38 (1944), p.400.
50. Michelin Tourist Guide, *Germany: West Germany and Berlin* (Paris: Michelin et Cie, Propriétaires-Éditeurs, 1984), 6th ed., p.259.
51. The 4th Marquess of Normanby, Oswald Constantine John Phipps, interview by Charles G. Roland, OHA, HCM 16-86, 13 August 1986, p.14.
52. RG38, vol. 198, St. Dunstan's Training of Blinded Canadian POWs, file 9268, letter of M. Shaw (?) to Major C.G. Arthur, 24 November 1942, p.4; David L. Charters, "Medical experiences as a prisoner of war in Germany," *Liverpool Medico-Chirurgical Journal* 50 (1946), p.54.
53. PRO WO 224, File 172, Reserve Lazaret Kloster Haina, 1942 June-1943 August; report of visit 19 June 1942, by Fred O. Auckenthaler and Dr. Hans Wehrle, p.1.
54. Charters, p.55; PRO, WO 224, File 172, Reserve Lazaret Kloster Haina, 1942 June-1943 August; report of visit 19 June 1942, p.1.
55. *Ibid.*, report of visit 28 September 1942, p.3.
56. Wilson Howard Large, interview by Charles G. Roland, OHA, HCM 19-83, 29 June 1983, 14 pp.
57. Tucker, p.22; PRO, WO 224, File 172, Reserve Lazaret Kloster Haina, 1942 June-1943 August; report of visit 25 March 1943 by Dr. Lehner and M. Mayer, ICRC, p.2.
58. *Ibid.*, report of visit 28 September 1942, p.4.
59. *Ibid.*, report of visit 19 June 1942, pp.4-5.
60. Norman W.E. Colley, interview by Charles G. Roland, OHA, HCM 20-81, 4 December 1981.
61. PRO, WO 224, File 171, Lazaret Bad Soden-Salmünster, two reports, one by the Protecting Power (undated, early 1944) by Dr. med. M.S. Meier, and one by Dr. Thudicum and M. Paul Wyss, 13 March 1944.
62. Thomas Henry Wilson, interview by Charles G. Roland, OHA, HCM 35-85, 29 March 1985, p.8.
63. RG24 C2(f), vol. 8025, file 24-19, Hospital, Stalag 9C, Hildburghausen, Report of Dr. Karl Krebs, March 1941, p.1.
64. *Ibid.*, Report of Drs. Schirmer and Masset, 14 March 1942, p.1.
65. *Do.*
66. RG24, vol. 11250, folder 10-3-2 (vol. 2), Reports on ICRC Visits to Hildburghausen, Obermassfeld, and the Lazaret at Stalag 20B, March-May, 1942; p.3 of report on Hildburghausen visit by Drs. Schirmer and Masset, 14 March 1942.
67. RG24, vol. 11251, Miscellaneous Reports on POW Camps in Germany, Italy, and the Far East; Despatch No. 764, High Commissioner for Canada in Great Britain, 23 December 1942: "Enemy Supplies of Anaesthetics, Antiseptics and Bandages," p.1.
68. *Ibid.*, p.12.
69. RG24 C2(f), vol. 8025, file 24-19 Hospital, Stalag 9C, Hildburghausen, report of Drs. Schirmer and Masset, 14 March 1942, p.3.
70. *Ibid.*, report of Gabriel Naville and Dr. Aloys Schieper, 9 January 1943, p.1; Wilson interview, HCM 35-85, 29 March 1985, pp.14-15.
71. RG24 C2(f), vol. 8025, file 24-22 Hospital, Stalag 9C, Stadtroda, letter from SBMO, Maj. Leslie W. Lauste, 20 October 1942.
72. RG24 C2(f), vol. 8025, file 24-0, Egendorf Lazaret; visit of Swiss Protecting Power, 21 October 1942, p.1.
73. *Ibid.*, p.2.
74. *Ibid.*, p.13.
75. Innes Brodziak, ed., *Proudly We Served: Stories of the 2/5 Australian General Hospital at War with Germany, Behind German Lines, and at War with Japan in the Pacific* (Chatswood, Australia: 2/5th Australian General Hospital Association, 1988), p.48.
76. The diplomatic ramifications of this practice have been analysed by Jonathan F. Vance, "Men in Manacles: The Shackling of Prisoners of War, 1942-1943," *Journal of Military History* 59 (1995), pp.483-504.
77. Canadian War Museum, CWM 58-04-0092, J.P. Griss Papers, Griss to Thane Campbell, War Claims Commission, Ottawa, 7 January 1953.
78. Hesk interview, HCM 28-85, 20 March 1985, p.33.
79. RG24 FB45, vol. 12812, Report on Repatriation to U.K. of Canadian Army Personnel from Germany, file 45/REPAT/I, pp.179-182.
80. Charles G. Roland, "Medical practice in World War 2 prisoner-of-war camps in Europe and Asia: Conflict between medical and military objectives," *Proceedings of the 30th Congress, International Society for the History of Medicine*, Dusseldorf, 1988, pp.1160-1166.
81. Steve Michell, *They Were Invincible: Dieppe and After* (Brampton, ON: Herald-Gazette Press, 1976), p.15.
82. Prouse, p.25.
83. These figures are derived from Appendix A in Carl Vincent, *No Reason Why: The Canadian Hong Kong Tragedy, An Examination* (Stittsville, ON: Canada's Wings, 1981), p.252-53. Total casualties including KIA were 571 of 1975, or 28.8 percent.

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