

“This is war, isn’t it?”

Fear and mortality from El Wak to El Alamein, 1940–1942

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Abstract

During the Second World War, soldiers experienced fear and became aware of their mortality as a result of those factors that were unfamiliar to them. Where memoirs or other narratives are available, it is possible to interpret soldiers’ expressions of fear and mortality and to determine the ways in which they began to deal with these emotions in different war situations, whether in battle, in confronting disease or in handling difficult environmental conditions. In this instance, the East African campaign and the campaign in North Africa form the background to the investigation into soldiers’ experience of fear and mortality as expressed in their writings.

Keywords: East African campaign, North African campaign, medical services, fear, mortality, Second World War.

Introduction

We all admit to a degree of “bomb happiness”. After our first action in Somaliland in December 1940, the term was unknown to us. No man in those heady days of success against the Italians in East Africa would have applied it to himself – and yet, peculiarly enough, we were more afraid of gunfire in those days, those far-off days of our inexperience than we are now.²

These were the diarised words of James Ambrose Brown on 7 August 1942 when his regiment was stationed somewhere between El Alamein and the Egyptian border. At the time, the 8th Army casualty list had reached 750 officers and 12 500 men. By the end of the campaign, the Union Defence Force (UDF) had a total of 23 625 casualties, of whom 2 104 were killed, 3 928 wounded and 14 147 taken prisoner.³ In the months before, Brown had participated in or had witnessed various battles in Libya, had experienced air raids by German Stukas at Gazala, and had seen the fall of Tobruk from his position at El Hamra. In other words, his diary entries were based on valid war experience. Undoubtedly, the war in the Libyan Desert was more eventful in terms of battle activity than his experiences in the Italian colonies in East Africa had been; yet, in Brown’s own estimation, in East Africa, his fear of battle was great and had diminished in the Libyan Desert.

It was not only during combat that men became anxious. Daily life during any campaign could be negatively affected by factors such as climate, terrain, disease and the ability of medical units to provide the necessary services.⁴ In Brown's own words, "inexperience" also informed soldiers' sense of fear, and as such, the number of battles and their intensity in either one of the two campaigns are irrelevant. What is relevant is the individual's ability to adapt to the environment and his exposure to and ability to cope with fear in battle. Some men, for instance, gained battle experience in East Africa, while others only saw combat when they reached North Africa. In extreme cases, some were taken prisoner without ever participating in battle. In general, fear of the unknown in anticipation of battle most occupied the minds of the men. In writing about his experiences, Brown was making sense of the events he had witnessed and in which he had participated, and he was not alone in expressing emotions in his writings, as a number of diaries and memoirs provide narratives that indicate fear and awareness of mortality among soldiers.⁵

Fear was a common experience among soldiers during the Second World War. An American study conducted during the war in two combat infantry divisions found that three-quarters of men complained of trembling hands, 85 per cent were troubled by sweating palms, and 89 per cent tossed sleeplessly in their beds at night. Frightened soldiers experienced epidemics of diarrhoea, as was the case among American soldiers landing at Iwo Jima. During the Second World War, most men felt fear, and it manifested in behaviour, affected morale and undermined loyalty among men.⁶

The East African campaign and the battles in the Libyan Desert are the geographical focus of the investigation on which this article is based. Benito Mussolini's empire in East Africa was the target of the campaign there, but over time, the misleading titles of the early, and limited, relevant historiography emphasised aspects and obstacles presented by distance and terrain rather than those presented by the enemy forces. This created the perception that the battles in East Africa were insignificant when measured against those fought in North Africa around Bardia, Sidi Rezegh, Tobruk or El Alamein.⁷ The 8th Army in North Africa confronted a determined enemy in the Afrika Korps but eventually succeeded in ridding the continent of both the Italian and the German forces, clearing the way for the Allies' Italian invasion and securing the Suez Canal.⁸ Looking at the campaigns from the point of view of military doctrine, strategy and statistics, the East African campaign indeed may have seemed less demanding. However, when historians turn their gaze towards the soldiers' experience, each enemy encounter and every possible threat to life gains a new meaning that is unique to each soldier. In this sense, Gustav Bentz' work on both the East and North African campaigns offers an excellent point of departure for experience among UDF volunteers.⁹ Focusing on the role of South Africans, David Katz and Evert Kleynhans offer a mix of soldiers' experiences and military doctrine, while Andrew Stewart rewrote the history of the East African campaign from an international perspective.¹⁰ To date, there has been no research specifically on the experience of fear among UDF men, but Jonathon Fennell looked at the issues of morale, courage and cowardice in the 8th Army in North Africa, among whom was a large contingent of Commonwealth forces, including South Africans.¹¹ Like Joanna Bourke's research on emotion in war, Fennell's research also shows a link between morale, fear and disposition towards combat.¹²

For soldiers, trust in medical services was a significant factor in their awareness of mortality, and consequently, the ability of medical units to carry out their work effectively forms an important part of this article.¹³ Archival documents on the South Africa Medical Corps (SAMC) are plentiful in the Department of Defence Archives in Pretoria. Especially useful is the CF Scheepers collection, which formed the basis of an earlier attempt to document the Union's military medical history. Other collections include the *Geneesheer Generaal* (GG) [Surgeon General] Diary, the Director General Medical Services (DGMS), and the medical collections (MED). The Union War Histories (UWH) collection may offer some useful material if time and patience allow. The war diaries of medical units such as field ambulances, casualty clearing stations and military hospitals provide a sense of their work and therefore serve as a pointer towards the extent to which servicemen could rely on these facilities. While these primary sources are valuable, the work of Mark Harrison provides in-depth analyses into many different aspects of medical services, including that of disease and battle casualties in the First and Second World Wars.¹⁴

This article interprets soldiers' written expressions of fear in battle, fear of disease, and fear of environmental threats in terms of their awareness of mortality during the East and North African campaigns. Participation in battle is an experience that causes, amongst other things, severe anxiety, nightmares and panic attacks, often resulting in a diagnosis of post-traumatic stress disorder (PTSD).¹⁵ However, it would seem that research on soldiers' emotions during combat is inconclusive in this regard. Some studies reveal that soldiers experience a mixture of fear and elation during combat, deriving pleasure from destruction and killing, while simultaneously confronting their own mortality. Other studies conclude that the so-called enjoyment of combat is nothing more than a psychological mask for the "natural reluctance of recruits to kill", which, in some cases presents as "animalistic inheritance".¹⁶ As such, fear during combat may be viewed as a valid indicator of the awareness of personal mortality. However, in the case of the East and North African campaigns, perceptions on the prospect of death extended beyond combat, and included threats in the form of illness and environmental factors. These factors are the basis for the analysis of the examination of soldiers' awareness of fear and mortality presented in this article.

By the time the Second World War started in 1939, perceptions of death and dying had evolved to the extent that the acknowledgement of fear of death had become unacceptable. In American hospitals, for instance, doctors administered morphine to ensure that dying patients were stripped of the ability to experience fear. At the same time, a life lived at anything less than to its full extent was unacceptable, and many, including servicemen, would have claimed that death was preferable to that of a lesser life.¹⁷ As fear and pain, physical or mental, are not quantifiable, the aim is not to compare soldiers' experiences of East with North Africa to determine which campaign was more demanding, but to document their perceptions of mortality in an effort to deepen our understanding of the individual lived experience of the rank and file. Emotions are unique to individuals and difficult to define. Aspects related to experiences of mortality cannot be viewed as historical data, but invisible and intangible emotions do become discernible in written narratives and provide opportunity for interpretation.¹⁸

Although many servicemen found it very difficult to express their emotions in words, it is nevertheless an essential theme, which requires investigation. As Joanna Bourke put it, “emotions may be nebulous, contradictory and complex, but they are the very stuff of human action and agency”.¹⁹ Therefore, if we wish to understand individuals’ wartime experiences in terms of their awareness of mortality, we must attempt an analysis of their emotions as expressed in written narratives. This article follows the diary accounts, memoirs and personal correspondence of a number of rank and file men as they traversed the rugged East African landscape and the desert of North Africa.

East Africa

Following the Union’s somewhat hesitant entry into the war on 6 September 1939, the volunteers of the 1st Division were mobilised to the East African front in July 1940.²⁰ For most of the men, the campaign represented their first experience of war, and while their training may have prepared them for route marches and guarding duties, it is doubtful whether it would have prepared them mentally for the chaos of battle.²¹ At the same time, the medical services were also in for a few unpleasant surprises, not only because the Medical Training School had been closed since 1919, but also because their numbers were inadequate to provide a comprehensive medical service in the first year of the war.²² At the time, South Africa had two military hospitals within its borders, but the entire medical corps had to be enlarged and improved to meet the needs of those on the home front and those on the battlefield. By mid-1940, the medical services were able to set up two casualty clearing stations (CCS) in Kenya along with a military hospital near Nairobi.²³

In addition, the foreign landscape and the unfamiliar climate of East Africa presented problems that affected the movement of men and the way in which medical services were able to operate. While the UDF were victorious in all its battles in East Africa, the medical services nevertheless had to deal with 270 casualties.²⁴ For field ambulance staff, the terrain presented unique challenges when dealing with casualties. Wide plains in some areas allowed them to limit the carrying of wounded to a minimum, as the ambulance vehicles were able to approach the Regimental Aid Posts (RAP) with relative ease. In the mountains of Abyssinia, however, “stretcher ambulances” were used to transport the wounded over long distances, increasing the risks associated with shock and the inevitable negative consequences thereof. In some cases, “light sections” of a field ambulance would be sent to casualties to offer initial treatment before stretcher transportation began.²⁵ In addition, the men had to contend with aggravating conditions. Water, for instance, usually a life-giving force, became a health threat in East Africa. In his memoirs, Bernard Schwikkard remembered how they –

[C]amped at a place called Wajir-Samaliland [sic], famous for its well water. If anybody drank the water without boiling it, he would suffer from what was known as Wajir Clap. Apparently this felt as if one was passing barbed wire.²⁶

Unknown to Bernard, the high mineral content in the water was the cause of the pain.²⁷

However, once the East African campaign came to an end, Brigadier AJ Orenstein, Director General of Medical Services, was eager to present a positive report to the British Army Medical Services, stating that the campaign resulted in what he considered low casualty numbers, which, in his opinion, was the result of the advice gained from medical officers (MO) who had served in the First World War in East Africa and Mesopotamia.²⁸ Deaths from diseases, excluding malaria, added up to 338, while 39 men succumbed to malaria. Battles caused a total of 186 deaths while 181 men died in accidents.²⁹ At the time, prevention of malaria was not widely in use, as quinine was believed to have many adverse side-effects. In addition, rumours circulated that quinine caused impotence, resulting in men not taking the drug when it was available to the forces in East and North Africa.³⁰

The first battle casualties were admitted in December 1940 following the raid on El Wak.³¹ Matron ME Hawkins, also known as ‘Bloody Bill Hawkins’ noted that –

[The] bulk of patients (all European) were Medical – there were few battle casualties except amongst Italian POWs [prisoners of war]. They were nursed by our own staff and were handed over to NO.3 E.A. [East Africa] Hospital when we left for Egypt. The first battle casualties were Transvaal Scottish from El Wak.³²

The Royal Natal Carbineers (RNC) who, together with the Transvaal Scottish, participated in the attack, were also among the first casualties.³³

In the days before El Wak, many of the inexperienced UDF rank and file were apprehensive, yet in Brown’s view, they were unable to voice their fears.³⁴ Following almost five months of training and long marches towards their objective, the eventual infantry assault was preceded by an unsuccessful bombing raid carried out by an Italian bomber and an equally unsuccessful shelling of the Brigade Headquarters. However, once the actual assault started, it was over in 80 minutes, and the destruction of enemy materiel began in all earnest. The next morning, a Caproni bomber was shot down as it attempted to salvage Italy’s honour.³⁵ Among the UDF troops, there were also casualties, with two deaths and two wounded from the ranks of the RNC.³⁶ The entire event was proclaimed a victory, and while this was technically correct, it was also important for morale and for the Prime Minister, JC Smuts, to gain home front support for the war effort. Yet, the rank and file who had participated at El Wak were left with the knowledge that future attacks would also entail long marches through very difficult terrain, with their essential equipment bunched together on transport convoys, which – if discovered and destroyed by the enemy – would leave them exposed and defenceless.³⁷ For these men, the idea of death was essentially still part of the “strange world governed by strange rules [...] where, out in the darkness or just over the hill, strangers wait whose job it is to kill you”.³⁸ It was from this basis that the subsequent offensives were conducted in East Africa and, although the men had the experience of a victory behind them, they remained aware of the hardships that lay ahead and of unknown or unexpected danger and possible death.

In January 1941, near Mount Marsabit, Paradise Lake, Staff Sergeant CN Nell heard that a unit from his regiment had been ambushed by “Italian Somalis [...] the casualties on our side were (slight, being) one officer killed and ten other ranks wounded”.³⁹ Obviously, Nell had reflected on the meaning and use of ‘slight’, and amended his diary entry by scratching it out. Nell speculated that as many as 40 of the enemy forces could have been killed in the incident, while Orpen puts the number at 20. The attack on the regiment lasted two hours. Among the wounded was the ambulance driver, and because the roads were in such a bad state, it took 36 hours before any of the wounded could receive treatment at Marsabit.⁴⁰ By that time, the 11th, 12th and 15th Field Ambulances, one of which served as a CCS, had been at Mount Marsabit for one month, and while it is likely that 40 casualties would have been manageable for the number of field ambulances, the medical staff were also dealing with 1 080 cases of illness and accidents at the time.⁴¹

Hardly a month later, Nell wrote about an incident that unnerved all the men in his unit. While on patrol near the Abyssinian border, in an area, which he described as inhabited by “hostile blacks, wildlife and beasts”, the sound of loud explosions stopped the unit in its tracks and sparked speculation on the cause thereof.⁴² At first, the men assumed that it had been an air raid on Moyale, but later they speculated that it was an Italian air raid on a nearby UDF unit. Unable to confirm the facts, there was disquiet in the camp even when it became silent and when a sudden cry for help rang out, the already frayed nerves caused a sense of panic among the men. Nell described the scene as follows:

Suddenly a distressing and inhuman cry cut through the night and then with deathly anguish the words “help, help!” and all kinds of bent figures hasten to the trenches. At the same time guns are loaded. Then came the words “snake bite, quick, doctor.” Many sighs of relief are heard and everywhere small groups gather. Their voices sound unnatural and empty. Their eyes follow the light approaching from the cliff edge. Slowly it comes nearer, the victim on a stretcher. Two bandages, one on his arm and the other on his leg. His face is deathly pale.⁴³

An hour later, a soldier woke from a nightmare, ran into the darkness, shouting, “snake, snake!” Nell ended his diary entry with a description of the moon casting ghost-like shadows.⁴⁴ The day’s experiences of air raids, friendly or otherwise, the realisation of the many natural dangers, and the effect of naïve speculation caused everyone in this unit to become very anxious.

Sydney Stuart served with the 11th Field Ambulance of the South Africa Medical Corps, and shortly after the successful incursion at Hobok, the field ambulance treated its first serious casualty. While encircling Fort Mega, a UDF member stepped on a land mine, which blew off one of his legs. As Stuart’s field ambulance had by this time evolved into a mobile surgical unit, they operated on the man, amputating both legs. The man died the following day, in Stuart’s view, due to shock.⁴⁵ Stuart was trained in first aid techniques and, undoubtedly, his skills would not have extended to serious

surgical cases. It is perhaps for this reason that his narratives are limited to clinical and chronological lists of references to battles and illnesses, while his descriptions of natural scenery are more extensive.

When Brown's unit crossed the Juba River in February 1941, he was only 19 and his contact with enemy forces was limited. He did, however, encounter death at this point, and for him, the aftermath of the battle deeply affected him. He recalled –

[The] Somali dead, most of them soft-faced boys, were dragged to a huge pit ... I dragged some of them myself and we tumbled them in. An appalling jumble of arms and legs. My own officer turned away sick [...] one did it without understanding what one was about. This is war, isn't it?⁴⁶

It is worth noting that Brown wrote about this experience on 19 April 1942, by which time he had experienced more intensive battles in North Africa. He was reminded of the Juba experience as he sat listening to a friend's casual description of the shooting of two German Afrika Korps members, and the killing of two more with hand grenades. The disparities between the Juba experience and that of the North African experience with regard to the way in which the men had come to view death obliged Brown to assess the realities of war. It was at this point that he began to question the way in which the volunteers had been influenced by the “‘Wonder Books of Empire’ and the Great War where it was all made to look stirring and the ‘the right thing’”.⁴⁷

In the meantime, the RNC encountered an Italian unit at Gelib on 22 February 1941, and here they were confronted with the realities of enemy deception and death among their own men. Italian forces pretended to surrender, only to fire on the unsuspecting Carbineers in what became known as the white flag incident. It was only three days later that news of the casualties at Gelib reached Colonel RE Barnsley, the Deputy Director Medical Services (DDMS), but confusion resulted in even longer delays for evacuations. The first telegrams called for assistance with “14 lying and 24 sitting cases”⁴⁸ at Gelib. A Valencia aircraft was dispatched for their evacuation, but it returned without any casualties.⁴⁹ In the confusion, the wounded were sent to Afmadu. In an effort to avoid further delays, Barnsley went to Afmadu himself to find that the wounded from Gelib had been transferred “in person by the Adjutant Director Medical Service (ADMS) in ambulances to Afmadu”.⁵⁰ As a result, the aircraft had to be rerouted to Afmadu to convey the wounded to Kismayu. As an extra precaution, Barnsley sent 2 CCS to Gelib.⁵¹

A sergeant in the RNC, Derrick Norton, did not mention any of confusion relating to medical services following the attack at Gelib, but his letters revealed how he adjusted his view of the enemy and of war following his close encounter with mortality. In his first letter following the incident, Derrick wrote, “I am still OK and doing fine – will see you at home soon.”⁵² Yet, two weeks later he wrote:

[T]he news from up this end [is] not all pleasant. You probably have seen the bad news and I don't want to talk about it – we are all trying to forget about it. A lot of us were very lucky but let's not talk about it.⁵³

The idea that luck played a role with regard to death on the battlefield was not unique to Derrick; yet, it helped him make sense of events that on the face of it seemed senseless. Writing on the issue of morale and the idea of luck, a British field marshal declared in 1989, “soldiers fear wounds more than they do death, about which they tend to be fatalistic”.⁵⁴ Following the white flag incident, war became a prosaic activity for Derrick and his opinion of the Italian forces fell, writing angrily:

[T]hey are a cheeky lot of devils too and if I had anything to do with them I would give them all a damn good hiding first to teach them how to behave. [...] we have caught thousands of prisoners – we are tired of the sight of them running around with white flags [...] there is still work to be done up here and we may have to do it.⁵⁵

Unknown to most rank and file would have been the relative ineffectiveness that characterised the medical services at the time. Although the medical services had the advantage of First World War experience in East Africa, it was clear that in some cases lessons had to be learnt again.⁵⁶ In this regard, Barnsley’s report for February 1941 is insightful. Travelling between the medical posts, he gained insight into specific weaknesses and his recommendations and comments show how the medical services had to adapt their practice to meet the needs created by battles, climate and landscape. His notes also show how the bad state of the roads, the lack of water and the shortage of competent staff adversely affected the work of the medical units. For instance, on 12 February, Barnsley navigated the “unspeakable” road between Garissa and Liboi, only to come across a “singularly ineffectual young officer” at Hagadera.⁵⁷ Much to his irritation, the officer shared a tent with a “bibulous looking RAMC [Royal Army Medical Corps] Corporal, who appeared to be in complete control of the proceedings!”⁵⁸ Barnsley was of the opinion that it would be in the best interest of all if the medical posts could be done away with completely, but he also realised that it would not be possible as many convoys passed in the vicinity and it was practical to have a MO at Hagadera.⁵⁹ Another reason why the post was important was the availability of water, which had increased the daily allowance to a gallon (about 3,8 litre) per man and a half gallon (about 1,9 litre) per radiator for each vehicle. Without this water, the advance towards Kismayu would have been impossible.⁶⁰

In the same report Barnsley recommended that night evacuations would ease the journey for the patients as the heat would not affect the men as much, and fewer convoys on the roads would make the journey more bearable as there would be less dust. On his return journey on 14 February, Barnsley was again confronted with what seemed like incompetent or uncaring medical staff. At Liboi, casualties who were supposed to have been evacuated by air a month earlier were still at the staging post. One man still had a bullet lodged in his thigh, a result of a skirmish on 8 January. The MO had not taken any measures to procure means of evacuation and “apparently he was prepared to wait until aircraft descended from Heaven!”⁶¹ The reason for the MO’s inaction was that he was not sure whether to send messages forward to Division or backwards to Garissa. The result was that the patient’s condition worsened and that an infection increased his pain. On Barnsley’s orders, the man was evacuated to Garissa. Matters at Hagadera had also

not improved since his first visit, as there were no drugs or dressings available to the MOs there, “and it does not seem to have occurred to them to send to 2 CCS for any.”⁶² For those men whose medical conditions warranted evacuation to the Union, things did not go smoothly either, as it was not possible to board ships for sea evacuations, because there were no suitable crafts to convey patients to ships. On his recommendation, 7 CCS was sent to Kismayu to deal with patients before embarkation; however, Barnsley was not optimistic, closing his report by saying, “the future policy is so uncertain that I am sure it would be bad policy to open up fully. Furthermore, the Afmadu – Kismayo [*sic*] Road would certainly be fatal for serious cases”.⁶³

Ironically, Barnsley’s frustration in arranging evacuation of casualties by sea were matched by those on the ships attempting to find patients to remove to the Union. Dr John Hickley, serving on the hospital ship *Amra*, became increasingly perplexed as efforts failed to assist casualties during March 1941, the ship’s first expedition to the East African theatre. Hickley’s notes reveal that communication and coordination of evacuation efforts were almost non-existent. Arriving at Mogadishu from Mombasa, he was surprised to discover that “no one ashore seemed to know of our coming [and the] reason for our arrival here not known by the authorities, and all communication down between here and Nairobi”.⁶⁴ Hickley and the others on the *Amra* were eventually successful in transporting casualties from Mogadishu and Mombasa to Durban, but stories of “the high morale of our troops, the appalling shortage of water, the sand, the flies and instances of Italian cruelty and treachery” caused some unease for Hickley.⁶⁵ Witnessing the bad conditions in the hospital in Kismayo, “bad water ... flies, and mosquitos” added to his concern for the casualties, but not enough to dissuade him from searching high and low for a Persian rug, which he was eager to purchase.⁶⁶

The language of fear in soldiers’ narratives was gradually replaced by the language of cynicism as the battles in East Africa met with more resistance from Italian forces. In April 1941 at Combolcia Pass, for instance, UDF forces fought for six days before the enemy capitulated, very unlike the earlier battles that often lasted less than a day. Brown noted how men described this battle as a game of “last touch” in between descriptions of fellow soldiers being slain in the battle.⁶⁷ Overall, the language is matter of fact and describes the main events of the battle, and less so the experience of fear. It would also seem that, at this point of the campaign, killing had become a routine task, as is illustrated by a description of a lone truck with two occupants, one manning a mounted machine gun and a driver who approached the UDF troops. Although the outcome of the battle had already been determined, the decision was made to destroy the truck, although “no one ever knew the purpose of that vehicle [...] a rifleman tossed a Mills grenade into the back and an Eritrean deserter [...] shot the driver dead in the cab”.⁶⁸ This event stands in stark contrast to those of a few months earlier when Brown described “the young [UDF] victors, so many of them fresh from the playing fields of school [...] were shocked and sickened by the carnage” as they buried Italian men in marked and unmarked graves at Juba.⁶⁹

North Africa

In November 1941, the 8th Army first encountered the German and Italian forces in Libya.⁷⁰ The 2nd South Africa Division was part of the 8th Army; however, they did not have the benefit of the East African experience, as this Division arrived directly from the Union. Among them were the men of the 2nd Transvaal Scottish, with Dick Dickinson and his diary in their midst. Dickinson's record shows that mortality had been uppermost in his mind, even before he had left the Union. While still at the Zonderwater training base, Dickinson recorded that he "dreamt of coming out of the war physically disabled [and had] thoughts of action and death and disfigurement for life".⁷¹ However, once on board the ship that took him to North Africa, he coped with the reality of the situation by focusing on the "grand adventure" of his new life in the military.⁷²

Even for those who had the benefit of earlier experience in East Africa, it did not seem to matter, as in at least one case the battles in East Africa were judged insignificant. For Bernard Schwikkard, who arrived in Egypt at about the same time as Dick Dickinson, the "[m]osquitoes and lions were our biggest enemies there [in East Africa as] the Italians were so poorly armed and quite frankly, not that interested in sacrificing their lives."⁷³ Bernard made this assessment with the benefit of hindsight many years after his war experience, but the way in which he glanced over his experiences in East Africa in his memoirs, indicates that he regarded his North African experience as more noteworthy. Ironically, it was while on leave in Cairo that he first described feelings linked to the awareness of mortality. He recalled:

Egypt was a different world for us [...] The cities of Cairo and Port Said were teeming with brothels and prostitutes [...] fortunately on my first visit to Cairo I visited the Science Museum. There we were provided with information about various diseases. We were also invited to look out of a window at the people passing by in the street and identify people who showed symptoms of the various diseases exhibited in the museum. This was certainly enough to frighten me off for life!⁷⁴

While many soldiers became victims of venereal diseases, syphilis was the most prevalent, and some men viewed everything and everyone with suspicion, for example, a number of men avoided soft-skinned fruits, as "someone wondered whether they wouldn't be riddled with syphilis like the camels".⁷⁵

For Dickinson, illness presented a threat and an irritation. He recorded in his diary:

Frank [was] taken to hospital yesterday with enteritis and a temperature of 103. Quite a few of us complain of pains in the stomach. In conditions like this sickness is inevitable – I wonder if this is the start of an epidemic? [...] I was suddenly troubled with Gyppo tummy. This stomach trouble has affected most of us. We're not quite sure of the cause – water, food, sand-flies. Any one of these or a combination of more than one. I should imagine it is the same process of acclimatization through which our stomachs must go before we are

at one with the changed conditions. Once our stomachs have stood the strain everything will be OK. I only hope we don't have to unravel the process when we return home, because the pains are fairly powerful, moving on to distraction. The boys in Abyssinia went through the same racket, I am told.⁷⁶

While adapting to new circumstances could lead to temporary illness, the desert was judged by the medical services to harbour fewer threats in terms of disease and to increase the recovery rate as it had been “uninhabited by man or beast and the sand therefore [...] free of pathogenic organisms”.⁷⁷ JL Hartzenberg, a member of the 6th Field Ambulance and also a veteran of the East Africa campaign, recalled that it did not take long for the men to adapt to the conditions in North Africa, but that it was there that they had to deal with many more battle casualties than had been the case in East Africa.⁷⁸

The Libyan battles against the German Afrika Korps and their Italian allies were very different from those fought in East Africa and the “steady stream” of casualties came in from the front in ambulances or ambulance trains and once initial treatment was provided, many were sent on to the No. 15 Scottish Hospital in Alexandria.⁷⁹ For the most part, the medical services were better prepared and the hospitals in Egypt were a semi-permanent centre for the treatment of disease and battle wounds. At this time, the various Allied nations active in North Africa were in the process of establishing military hospitals. Mobile surgical units, mobile blood transfusion units and field ambulances were also being established in anticipation for the battles in the Libyan Desert.⁸⁰ These mobile units ultimately allowed medical services to offer more immediate treatment to casualties as they were being set up in closer proximity to the battlefield.⁸¹ While the military hospitals were set up outside of the battle zones, the medical personnel had to adjust to the desert circumstances, the most demanding of which were the long distances that casualties had to be transported. Other improvisations included “underground hospitals” as recalled by Sydney Stuart.⁸² According to him, the wards consisted of slit trenches covered with sand bags. In Stuart's experience, most of the casualties during November 1941 were burn cases as the German troops were using “flame throwers”.⁸³ Injured men received fleeting treatment before they were evacuated to a CCS. Stuart's memoirs show that casualties were transported with whatever means available, creating the impression that the medical services were not fully prepared for what awaited them in these battles. What Stuart did not mention in his memoirs was that it could take up to eight hours or longer for a wounded soldier to reach the base, increasing the likelihood of shock factors, such as thirst, exposure to heat, fatigue, a lack of sleep and virulent pyogenic and anaerobic infections. Surgical shock was treated with blood transfusions, and these were therefore administered in the field where possible.⁸⁴

Stuart's participation in the evacuation of these men from Tobruk must have been an alarming and unnerving experience, as his training only extended to first aid. However, as was his habit, his descriptions of events did not include overtly emotional expressions, saying:

[T]hese [injured] troops were evacuated from Tobruk to Mersa Matruh by South African mine sweepers amongst others, and at certain times we

congregated in force with ambulances, troop carriers, etcetera at the harbour to collect and evacuate these wounded to the casualty clearing stations and other points as required.⁸⁵

The use of minesweepers to assist with evacuation of casualties confirmed the shortage of field ambulances at that time, as was reported by a medical committee in January 1942. According to the report, field ambulances were “insufficiently mobile and insufficiently flexible for the function which it is called upon to fulfil”.⁸⁶ In addition, the main function of a field ambulance was emphasised to be that of transportation of casualties to places where surgical procedures could be carried out, as “the Field Ambulance does not normally undertake major surgical procedures”.⁸⁷ As such, the report recommended that surgical teams be attached to each field ambulance.⁸⁸ In Stuart’s case, however, surgery was carried out by field ambulance members, as in one instance, he assisted in treating a man with “his whole arm being severely shattered”.⁸⁹

While the medical corps may have been aware at the time of their inability to provide adequate care, the rank and file devoted little space in their writings to the presence of medical staff on the battlefield. It is therefore not possible to determine whether the presence of medical services provided comfort to men preparing for battle. For them, the threat of instant death as a result of battle remained constant, and like Norton, Dickinson adopted a fatalistic attitude towards survival or death in battle. In one instance, for example, he interrupted a diary entry on the topic of swollen glands to write about rumours of battle casualties caused by a bombing raid. According to the rumour, there were “2 killed and 2 trucks damaged [...] the plane was probably returning from Alex[andria] and he found he had some spares, and dropped them. Somebody was unlucky.”⁹⁰ Dickinson continued his previous narrative by writing:

[T]he glands are still swollen and I am again off parade [...] every now and then we hear of someone or several guys being killed. I suppose that death in wartime is just a matter of luck. I heard of a lad in the 1st Jocks who had a lucky escape in Abyssinia. A bullet scorched his chest, leaving a scar. He came to Egypt and was hit by a truck and killed. Why is a man saved so miraculously in the first place to be killed so miserably in the second?⁹¹

Dickinson’s philosophical musings on destiny was comparable to his attempts at making sense of the military experience. For him, living in close quarters among others, and with the threat of death a constant in the back of his mind, led him to believe, “when we live together like this in unpleasant conditions it is the little things that one man does that will crack another man up – not the conditions”.⁹² Despite his irritation, he still considered morale to be positive, writing at El Alamein, “[when] we have been thoroughly victorious in North Africa, I shall say our sense of humour won the campaign for us”.⁹³ Many years later, Dickinson reflected on his experience, saying, “the army, it’s a great leveller, it brings you down”.⁹⁴

The desert terrain required new combat strategies and the boredom of digging defensive trenches were relieved by air raids and skirmishes that often saw soldiers

adopting unorthodox survival tactics as they were confronted with enemy forces with more advanced armaments than those used in East Africa. The Battle of Sidi Rezegh in November 1941 saw almost the entire 5th South African Infantry Brigade destroyed or captured by German forces, and it was here that many came face to face with the realities of battle and death.⁹⁵ For Nell, who had come through the East African campaign, encountering German Stuka bombers in the desert was a dreadful and nerve-racking experience:

[Y]ou hear the shrill whistle come closer as he dives down vertically and you are convinced that he chose you personally as his target. The next moment the bombs explode and his pounding suddenly takes on an anxious distressing sound as he struggles to come out of his sharp dive.⁹⁶

Once the Stukas had gone, Nell realised how close he came to death when he saw bullet holes in the ground about a meter away from him.⁹⁷ In contrast, a member of the 2nd Anti-Aircraft Brigade recalled, “we were too busy to be frightened the first time a squadron of Stuka dive-bombers descended upon us”.⁹⁸ Their efforts to shoot down the German pilots were not very successful, and the same man later admitted, “the enemy aircraft [...] had a clear superiority”.⁹⁹

Medical units were not spared as chaos overtook battlefields. Newman Robinson, a member of the 10th South Africa Field Ambulance active at Sidi Rezegh, recalled how –

[We had] been machine-gunned by Messerschmitt [fighter aircraft], and had stared with alternating elation and dismay at aerial combats being fought out right over our heads. The surgical team with which I was working had been operating day and night on casualties from air raids ...¹⁰⁰

In a similar description, the MO with the 5th South African Brigade described how men fought on with inadequate tank and artillery support. His brigade was devastated by a German Panzer Division, which “drove right through Brigade Headquarters”.¹⁰¹ In a more graphic description, Lieutenant Colonel BP Purchase, also a MO, described events at Sidi Rezegh as “terrific” [*sic*] and “our fellows were shot down like dogs while attending to the wounded”.¹⁰² The 11th Field Ambulance had a different experience, and Stuart recalled how the German forces “recognised the requirements under the Geneva Convention and ceased fire as they moved through our lines in their tanks”.¹⁰³

During periods of rest, inexperienced soldiers looked towards 8th Army men who were perceived to be battle hardened and therefore had a better understanding of war. Dickinson, for instance, spent many hours listening to men who had seen combat in the European theatre. Men from the Indian, Polish, Australian and New Zealand Divisions regaled him with stories of, amongst others, flamethrowers in Greece and of the accuracy of the German snipers at Tobruk, which at the time was besieged. Dickinson admitted, “we are unblooded [*sic*] [...] know little and it is difficult to conjure up the truth [about rumours of] the acts of cruelty ... men and boys emasculated ...”.¹⁰⁴ For Dickinson, however, tales of battle and the related dangers of wounds and death would

remain in the realm of rumour, as he was captured at Tobruk in June 1942 without ever participating in battle. In seeking the advice of experienced soldiers, Dickinson was trying to “conjure up the truth” from what was for him unknown. This method of dealing with fear is comparable to the experience of civilians who experienced bombing raids. For civilians, fear was present as they anticipated an attack, but less so when the air raid actually took place.¹⁰⁵ Similarly, for combatants, the first actual battle experience came as a revelation, as was the case with Jack Mortlock, a member of *Die Middelandse Regiment* (DMR). Mortlock did not experience the East African campaign and following his first battle experience at Halfaya Pass early in 1942, he realised –

[M]ost of us felt quite relieved that we knew what to expect next time. I have yet to meet the man who enjoys a modern battle, but I still remember how grateful I felt when I found that I wasn’t anymore frightened than my pals around me. I found that they ducked as often as I did and swore just as volubly when bullets were whistling past.¹⁰⁶

Fear did not dissipate, but in sharing the experience of fear and the likelihood of death with others, the situation became bearable.

As men gained battle experience, their desire to survive became priority; however, doing what was necessary to survive may have created perceptions of fear in some and of cowardice among others, and in some instances, the complex mix of reactions overwhelmed men and they were then regarded by the military authorities as “men of poor stamina”, as stated in a report by Orenstein.¹⁰⁷ Nevertheless, survival remained paramount, and in memoirs, the line between fighting soldier and war victim became obscured, just as Samuel Hynes found in Second World War combatants’ narratives.¹⁰⁸ In November 1941, near Sidi Rezegh, Bernard Schwikkard for instance discovered that the order to shoot at German Stukas was pointless as his .303 rifle was completely ineffectual. For the sake of survival, he found “it was obvious that the wisest thing to do was to lie down, pretend that I was dead and wait for the Stukas to do their worst”.¹⁰⁹ Bernard’s actions during battle did not indicate combat stress or PTSD; instead, it showed that he was in fact displaying rational behaviour.¹¹⁰ Doing what was necessary to stay alive prompted criticism from officers who seemed inclined to place the lives of their men in danger. In Bernard’s words, their colonel, “this man of great bravado wanted nothing more than to die in battle [leading the men] forward standing upright, carrying his pistols in his hands shouting at us to stand upright and not to take cover like cowards”.¹¹¹ For rank and file like Bernard Schwikkard, survival was clearly more important than bluster. They also did not care whether they were perceived as fearful by superiors or fellow soldiers. This state of mind further informed their decision to surrender the next day as “our options were to die or surrender”.¹¹² Following his capture, Stuart held a similar view with regard to survival and perceptions of fear and bravado. As he was made to drive a truck full of fellow POWs, a Scottish major tried to convince him to slow down and let the convoy move on, giving them an opportunity to escape. Unbeknown to the Scot, a German guard was sitting next to Stuart, armed with “some sort of sub-machine gun [and] I thought discretion was the better part of valour”.¹¹³

After many months of waiting, Dickinson's unit eventually moved towards battle, and he described the event as "very serious and grave".¹¹⁴ The next day he experienced an enemy attack for the first time as they were shelled, but the German aim was not accurate and again Dickinson viewed it as fate, saying "I suppose it was our luck [...] nevertheless [the shells] still came too close to ensure a continuous healthy life."¹¹⁵ The next encounter with German artillery resulted in a greater number of casualties for Dickinson's unit. The experience left him nervous and "when it was over I chain-smoked ten cigarettes".¹¹⁶ Nervous tension and thoughts of inflicting death on the enemy were relieved by dark humour as the men wrote names on the mortar bombs they sent over, "Bert sent one from Iris and a report came back from the observation post that she was making a funny noise as she went over."¹¹⁷ However, thoughts of superior German tactics remained with Dickinson and when alone at night, he became fearful at the idea that perhaps the Allies were not adequately prepared to deal with the tactics of the Afrika Korps, which were perceived by some as superior. Fear of battle remained a constant with Dickinson, and even after surviving the Sidi Rezegh offensive, he still "found [his] one false tooth chattering" during battle.¹¹⁸ As Dickinson gained battle experience, he wrote less about "luck" but he remained acutely aware of mortality – his own and that of those around him. Seeing the names of the dead in a newspaper, "seem[ed] to hit me more than when in action when we knew they had been killed [...] to see it in cold black and white print is to realise more fully the loss".¹¹⁹ For many soldiers, however, dealing with fear and anxiety during battle became intolerable, and by April 1942, Orenstein wrote to the adjunct directors of the Medical Services of both the 1st and 2nd South Africa Divisions, stating that the number of anxiety neurosis and hysteria cases among South Africans was abnormally high. According to the consultant psychiatrist –

[A number of men were] unsuited to withstand the rigours of desert warfare [and added that] men of poor stamina are not only useless in themselves but act as an ineffective nuclear affecting the morale of other people ...¹²⁰

After Sidi Rezegh, the battlefield moved again to Bardia, Sollum and then to Halfaya Pass, which became known as Hellfire Pass amongst those in the 8th Army. It was at Sollum in January 1942 that an MO attached to the 14th Field Ambulance noted in his report:

[T]he morale of the fighting troops is largely dependent upon the trust and confidence in the Medical Services. [For] this service to function properly [they] must be kept in the picture as far as the military situation permits and the conveyance of information is as vital to the medical service as to any other branch of the service.¹²¹

While information relating to the battle was obviously vital for medical services, the extent to which rank and file were reliably informed about the capabilities of the medical services is not known.

The fall of Tobruk on 21 June 1942 was disastrous for the 8th Army as an estimated 33 000 men were taken prisoner, along with the loss of a strategically important

harbour.¹²² Having already asked for the reinstatement of the death penalty for cowardice and desertion, Sir Claude Auchinleck, Commander-in-Chief Middle Eastern Forces, again asked for this measure, as the number of men deserting from the 8th Army increased rapidly in the summer of 1942. Statistics indicated that 1 728 were absent, but this number does not discriminate between the different British and/or Commonwealth forces.¹²³ In the days before the defeat, Brown's unit was in position on the perimeter, and with news that the Afrika Korps had started its attack on Tobruk, they were put on standby to move across the Egyptian border to Mersa Matruh. Nevertheless, Brown was shaken by the events, writing:

[T]here is no panic or fear here; only anxiety for our chaps in Tobruk and a sense of stunned amazement [and his thoughts were with] the masses of men, arms and material in the town [...] today Tobruk is a death trap ...¹²⁴

Among many UDF men who became POWs at Tobruk, however, the experience of capture apparently did not include fear. Instead, a deep sense of incredulity seemed to have been the most pervasive emotion, and UDF soldiers' memoirs abound with bitter disappointment at becoming captives without a reasonable opportunity to defend themselves.¹²⁵

The losses suffered at Tobruk put enormous strain on the medical services of all the Allied nations within the 8th Army. The demand on the medical services increased to such an extent that casualties were sent to any available medical service, regardless of the fact that usually troops of specific nationalities would be sent to their own military medical services.¹²⁶ The evacuation towards the Egyptian border did however create an opportunity for the medical services to reorganise and to adopt measures that helped improve the morale of the men, a case in point being the improvement of hygiene conditions at the El Alamein position, which, according to one hygiene officer, resulted in the overall good health of the 8th Army and helped prepare them for the battle against the Afrika Korps later in 1942.¹²⁷

For Brown and others who were not captured, the end of June brought another opportunity to engage with the enemy. The defeat at Tobruk motivated Brown and, although his fear of battle did not abate –

[He and others were] filled with excitement at the news that we are going forward to engage the enemy [...] I am afraid, I have to admit it. We are all feeling the same but our fear is overwhelmed by the urgent necessity of our task. We will stop the enemy.¹²⁸

In addition to admitting to his fear, Brown may have felt reassured, as by that time, he had also found in Major General DH (Dan) Pienaar, officer commanding of the 1st South Africa Division, a leader who was empathetic towards his men. According to Brown, Pienaar would “not commit his men to the ‘follow me lads, I’m right behind you’ school of slaughter”.¹²⁹ In the end, though, Brown was not included among those who fought that night and it was months before Brown actively participated in battle. In

the meantime, he experienced frequent enemy bombing raids and each time he admitted to a range of emotions, from fear to apprehension and adventure. By early August he believed

the element of chance plays a tremendous part in our lives [...] we have arrived at a stage, we old timers, where we can judge to a near thing just where shells will land [...] To duck and dive away [from fire] would be an admission of fear [and] it is not done!¹³⁰

By this time, he believed that they were all “indifferent to physical danger [as they were] mentally dulled by continued exposure to gunfire”.¹³¹ Ironically, as was the case with Bernard Schwikkard, it was while on leave in Cairo that Brown became acutely aware of his mortality. After seeing a film entitled *Blood and Sand*, he experienced “a sudden, penetrating sensation of fear [and heard a voice saying] ‘you are going to die’”.¹³² However, by 23 October, the day before the battle of El Alamein began, Brown’s attitude had changed and he felt as if he was “on the threshold of my greatest adventure [and] felt positively bloody-minded”.¹³³ Unfortunately, the reality of battle quickly crippled his adventurous spirit when an ammunition pit took a direct hit, killing several of his friends. In bitter disillusionment, Brown concluded, “killing the enemy is not war; war is seeing your pals die”.¹³⁴

Conclusion

During the East and North African campaigns, the experience of fear and the awareness of mortality were unique to each soldier. From the outset, each rank and file soldier confronted the unknown and the unfamiliar, which manifested tangibly in the terrain, climate and the presence of death. For those in the medical services, these conditions brought new challenges with regard to illness and physical health of the men. Less discernible were the emotions of soldiers, visible only in their writings and reminiscences. In their private texts, men confronted their fears, and for many, the lack of battle experience, whether they were in East or North Africa, represented the unknown, which in turn manifested as fear. A lack of knowledge about diseases, such as syphilis, was also expressed as fear or anxiety in diaries and memoirs.

The available evidence points to a pattern of behaviour among the men with regard to the way in which they dealt with their emotions while on campaign. The inexperienced men who arrived in East Africa during 1940 underwent a period of adjustment as they were exposed to a new landscape, climate and living conditions. In addition, because they had never before participated in battle, fear of the unknown – in this case combat – was relatively common among the men. When the men of the 2nd South Africa Division reached North Africa, they went through a similar experience of acclimatising, both in terms of disease and battle experience. During both campaigns, rank and file men began to cope with fear, firstly trying to make sense of the unknown by listening to tales of battle from more experienced soldiers. Later, upon gaining some battle experience, men began to ascribe survival during combat to chance. Dick Dickinson, for instance, and to a lesser extent Derrick Norton both considered luck an important aspect in their

survival. In Sydney Stuart's case, thoughts of death were replaced, at least in his writing, with descriptions of landscapes. In other examples, diligent activity on the battlefield temporarily replaced thoughts of fear. For Brown and Bernard Schwikkard, it was while on leave and away from the battlefield that they found opportunity for contemplation, allowing them to express their fears more readily. As the campaigns stretched out, some found the sharing of emotions to be a relief and a coping mechanism.

Finding ways to cope with fear had the potential to improve morale, as men became more willing to participate in battle once they had crossed the boundary between the unknown and the known. Once they were able to admit to fear, the men began to employ tactics, which took priority over perceptions of cowardice. Survival became more important than appearance, but to officers, however, these survival strategies may have been expressions of low morale, as pretending to be dead and submitting to defeat were behaviours that did not inspire tales of heroism. For the rank and file, those leaders who displayed empathy towards them raised their morale and willingness to participate in battle. Towards the end of 1942, when it became clear that a significant victory was needed, "adventure" and "bloody-minded[ness]" replaced emotions of fear as the Battle of El Alamein loomed; yet, awareness of mortality remained a constant.¹³⁵

ENDNOTES

- ¹ Karen Horn is postdoctoral research fellow at the International Studies Group at the University of the Free State. Using diaries, memoirs and personal correspondence and recollections, as well as archival material, she seeks to give a voice to those who participated in the Second World War. Karen is the author of *In Enemy Hands South Africa's POWs in WWII*, published by Jonathan Ball in 2015. Her body of work includes a number of scholarly articles in national and international journals, as well as papers presented at numerous conferences. She holds a C2 rating from the National Research Foundation. (Orcid link: <https://orcid.org/0000-0002-9047-3260>)
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- ⁷ See for instance C Birkby. *It's a long way to Addis*. London: Frederick Muller, 1942; WE Crosskill. *The two thousand mile war*. London: Robert Hale, 1980; JF MacDonald. *Abyssinian adventure*. London: Cassell, 1957.
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- ¹⁸ *Ibid.*, p. 114.
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- ¹⁰⁵ Bourke, “Fear and anxiety ...” *op. cit.*, p. 114.
- ¹⁰⁶ J Mortlock. *The endless years: Reminiscences of the 2nd World War*. Unpublished memoirs, p. 35.
- ¹⁰⁷ DOD CF Scheepers, Box 7. AJ Orenstein to ADMS 1 / ADMS 2; 13 April 1942. Subject: Anxiety, neurosis and hysteria.
- ¹⁰⁸ In contrast, World War I veterans were less willing to admit to the status of victim, and in general sought to minimise occurrences of medical treatment in their narratives. Hynes *op. cit.*, p. 128.
- ¹⁰⁹ Schwikkard *op. cit.*, p. 24.
- ¹¹⁰ PTSD is a form of combat stress that continues over a prolonged period. For symptoms related to combat stress, see TPS Oei, B Lim & B Hennessy. “Psychological dysfunction in battle: Combat stress reactions and posttraumatic stress disorder”. *Clinical Psychology Review* 10. 1990. 357.
- ¹¹¹ Schwikkard *op. cit.*, p. 24.
- ¹¹² *Ibid.*, p. 25.
- ¹¹³ Erwee & Eksteen *op. cit.*, p. 48.
- ¹¹⁴ Shearing & Shearing *op. cit.*, p. 39.
- ¹¹⁵ *Ibid.*, p. 39.
- ¹¹⁶ *Ibid.*, p. 41
- ¹¹⁷ *Ibid.*
- ¹¹⁸ *Ibid.*, p. 46.
- ¹¹⁹ *Ibid.*, p. 60.
- ¹²⁰ DOD CF Scheepers, Box 7 *op. cit.*
- ¹²¹ DOD CF Scheepers, Box 18. Salum Operation – medical arrangements: 11/12 Jan 42.
- ¹²² N Orpen. *War in the desert: South African Forces World War II Volume III*. Cape Town: Purnell, 1971, 324.
- ¹²³ Fennell, “Courage and cowardice ...” *op. cit.*, p. 100.
- ¹²⁴ Brown, *Retreat to victory ... op. cit.*, p. 165.
- ¹²⁵ K Horn. “Narratives from North Africa: South African prisoner-of-war experience following the fall of Tobruk, June 1942”. *Historia* 56/2. 2011. 97.
- ¹²⁶ DOD CF Scheepers, Box 17 *op. cit.*

¹²⁷ HS Gear. "Hygiene aspects of the El Alamein Victory, 1942". *British Medical Journal* March 1944.

¹²⁸ Brown, *Retreat to victory ... op. cit.*, p. 177.

¹²⁹ *Ibid.*, p. 178.

¹³⁰ *Ibid.*, p. 218.

¹³¹ *Ibid.*

¹³² *Ibid.*, p. 272

¹³³ *Ibid.*, p. 276.

¹³⁴ *Ibid.*

¹³⁵ *Ibid.*

