MITCHINER MEMORIAL LECTURE 1974 *

GUERRILLA SURGEON

The Story of Major Lindsay Rogers, M.B.E., F.R.C.S., R.A.M.C.

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LINDSAY ROGERS

A pencil portrait by the Yugoslav artist Jakats.

THIS lecture was founded to commemorate the signal service to the Army and to the Royal Army Medical Corps of Major-General Philip Mitchiner. Although in civilian life he was a well-known surgeon and a fine teacher of surgery, and in the Army held an appointment as consulting surgeon to a major operational Command, he is affectionately remembered by many of us as our commanding officer and as a highly effective medical staff officer. In the 1920s he built up the Medical Unit of the London University, Officer Training Corps (O.T.C.) into a thriving and efficient organisation which he commanded until 1933. He was then appointed Assistant Director of Medical Services of the 1st London Anti-Aircraft Division. His infectious enthusiasm and the personal loyalty he inspired among those students from many London hospitals who came under his influence in the O.T.C. ensured that at the outbreak of the Second World War

* Held at the Royal Army Medical College, Millbank, on 19th November 1974.

this Territorial Division, with its guns dispersed thinly around London and the Home Counties, had its complement of two medical officers for each anti-aircraft regiment. Sometimes it seemed we had almost as many doctors as we had guns.

I am proud to have been a member of "Mitchiner's Army". I was perhaps even more proud than most for we were both Reigatians and had attended the same school. He I think was a governor when I was a pupil. He was held up to us as an object for emulation. He and my father who was the Vicar did not always agree, particularly about prolonged ringing of the Parish Church bells by visiting campanologists on Saturday afternoons, Mitchiner's time for rest and contemplation. It was not in his nature to visit the sins of the father on the children but it is an example of what Richard Battle in his first Mitchiner Memorial Lecture described as his "flypaper mind" that on an inspection of my Medical Centre at Northfleet near Gravesend in the early days of the war he could not resist a gleeful "Ah, Talbot, it took a war to stop those church bells", or rather more picturesque words to that effect.

Our last meeting during the war was early in 1940 when during a visit to the British Expeditionary Force in France he came to No. 5 General Hospital at Le Tréport near Dieppe. For some reason I cannot now recall we tried our hands at water divining, probably to debunk the claims of one who professed to have that gift. Philip Mitchiner was a great debunker. His subsequent progress as Deputy Director of Medical Services (D.D.M.S.), IVth Corps on the ill-fated expedition to Norway, his appointment as D.D.M.S., Northern Command in the rank of Major-General, and his return to surgery as Consulting Surgeon, Middle East have been fully described by Battle (1969).

How would Mitchiner have chosen to be commemorated? Not by an annual eulogy, nor by an anthology of amusing anecdotes, that much is certain. He would have approved a paper advancing some aspect of military surgery or military medical administration, his twin interests, connected and interdependent, like Siamese twins. He would have endorsed an attack on some false surgical doctrine such as from time to time we hear expounded by those who cannot, or will not, learn the lessons of history. Lastly, because he was generous of praise for the deserving, and careful to give credit where due, he would have thought it quite appropriate that the opportunity be taken to pay tribute to another whose work for the Army and his fellowmen had been insufficiently recognised. I say another advisedly.

In this context I have chosen for my subject a surgeon who practised the art of military surgery under extraordinarily difficult circumstances with great courage and fortitude, and who has hitherto received little recognition in his own Country, in ours, or in our Corps. I refer to the late Major Lindsay Rogers, M.B.E., F.R.C.S.

I do not know whether Mitchiner and Rogers ever met. Rogers went to Yugoslavia when Heneage Ogilvie was Consulting Surgeon, Middle East. However, when Mitchiner succeeded Ogilvie in 1944, he could not have been unaware of that small band of surgeons who had been dropped into different parts of the Balkans. Battle has told us of Mitchiner's special interest in the treatment of casualties from the Balkans when he attended the Rome surgical conference in 1945. This interest no doubt stemmed from his own experiences in Serbia in the First World War, and his return there afterwards to serve its people. They had awarded him the Order of St. Sava, the decoration he later referred to as the Order of Chastity, adding after a pause and with a twinkle in his eye, "fourth class of course".

Philip Mitchiner and Lindsay Rogers had much in common, besides that of having served in the Balkans. Both were courageous and determined men, outspoken, intolerant of humbug and impatient of bureaucracy. Both were individualists and each in his particular way a rebel. They were kind men, intensely loyal to those of their colleagues who were deserving of loyalty, and always ready to help the less fortunate and the underdog.

Even some of the stories told about them were similar. My namesake, and erstwhile Commanding Officer, Graeme Talbot of Auckland, New Zealand, to whom, I am indebted for much of my information about Rogers' activities before and after the war, recalls an occasion when he and Rogers were at the Royal Northern Hospital, London. Seeing a maid carrying a delectable chicken to the Matron's and Secretary's table, Rogers intercepted her and replaced the chicken with the less appetizing fare from the housemen's table. This incident reminds one of that at St. Thomas's Hospital, related by Battle, when Mitchiner remarked "I told that nurse to go to the devil and she went straight to the Matron's office".

Both Philip Mitchiner and Rogers married late, the latter at 56, late even by pre-war standards. They married nurses with whom they had worked in their hospitals. Both are survived by the ladies they married. Mrs. Mitchiner we are delighted to have with us at this lecture; Mrs. Rogers has recently been visited in connection with its preparation by Graeme Talbot in New Zealand and has provided much of the background information about her husband Lindsay. Let us now look at this background which groomed Rogers so well for the part he was later to play as guerrilla surgeon with Tito's partisans.

He was born in Dunedin in New Zealand in 1901, and was educated there and at Otago Boys' High School. On leaving school he attended Otago University's School of Mines and Metallurgy for two years before transferring to the faculty of Medicine. He qualified M.B., Ch.B. in 1927, with distinction in both medicine and surgery. As a student he spent his summer and winter vacations tramping in the rugged and mountainous country south-west of Otago and Fiordland.

In 1929 he came to England as a ship's surgeon and worked as house surgeon at the Royal Northern Hospital and the London Lock Hospital, obtaining the F.R.C.S. (Edinburgh) in 1929 and the F.R.C.S.(England) in 1931. He then joined the Sudan Medical Service and served in Khartoum and Omdurman 1931 and 1933. He spent his holidays undertaking long treks into the desert. In 1933 he returned to New Zealand. He settled in practice in Te Awamutu, a small town 18 miles south of Hamilton, the centre of often inaccessible communities and farms. He undertook emergency surgery in those remote areas, gaining experience of surgery under less than ideal conditions, experience that was to prove invaluable in the future.

Ever a rolling stone, in 1937 he was back in London doing surgery. In 1939 he visited the Far East and the East Indies again as a ship's surgeon. At the outbreak of war he volunteered for service with the New Zealand Army Medical Corps, but being impatient of delay he sailed again for England early in 1940 and joined the R.A.M.C. He served in various hospitals in the United Kingdom, including York. Whilst there he was received by Her Royal Highness The Princess Royal at Harewood House. They became friends. I believe he sent her reports of his subsequent adventures overseas.

He later served in the Western Desert and was in Tobruk during its long siege and at the time of its fall. He escaped by swimming to a buoy in the harbour, from which he was picked up by a Royal Navy torpedo boat. Working in a Base Hospital in the Canal Zone did not suit either his temperament or his restive spirit. He was soon agitating to return to the desert. He was posted to 15 (Mobile) Casualty Clearing Station (C.C.S.), with which unit he served throughout the victorious desert campaign and into Sicily and Italy. During the Desert Campaign he was awarded the M.B.E.

As surgeon to a C.C.S. in the desert and in the heat of a southern Italian summer he performed feats of surgery clad only in shorts, mask and gloves. He had an enormous capacity for work as I know from first hand. I was his anaesthetist in Sicily and later his Commanding Officer. He was intolerant of criticism and impatient of administrators. Form filling was anathema to him. Yet when it came to running a surgical team he proved himself a good organiser. His functional loading of the trucks of the light section of the C.C.S. was most effective and enabled his team to start operating whilst others were still sorting out their kit.

He was an individualist and a loner. He rarely sought advice and as I have mentioned did not welcome criticism. He respected neither rank nor person, nor did he conceal his contempt for 'base wallahs'. Graeme Talbot has recalled an occasion in Syracuse when Philip Wiles, Command Consulting Orthopaedic Surgeon, having watched Rogers operating for some twenty minutes, took him aside, commended his surgery but suggested a little more attention to aseptic technique. Rogers' response was to pull off his gloves saying "After thirty hours operating non-stop I'm going to leave you to carry on here." I myself well recall a time when Charles Donald, Consulting Surgeon Eighth Army was visiting. Going around the postoperative ward he mentioned to Rogers that some of the plaster casts arriving at the Base were too tight. Rogers bridled and refused to accept the criticism. Donald quite kindly said "You must accept criticism when it is offered to you". To this Rogers replied "I'll accept just criticism from anybody, I'll accept unjust criticism from nobody"; and he turned and stalked out of the ward. This was the impatience of a tired man. He had carried more than his share of the surgical burden and he felt strongly that there were too many consultants touring in the aftermath of battle who were rarely around when the going was rough. He could not know that D.D.M.S. Eighth Army did not encourage visitors from the Rear, a not uncommon form of parochialism which many of our distinguished consultants found most irksome.

It was as the war in the Western Desert was drawing to its victorious close that Rogers became obsessed with a determination to go to the Balkans, an obsession he admitted was fortified by his conviction that life in the British Army would never be the same again once the Eighth Army was joined by the First, and entry made into Europe. By a process of attrition he eventually prevailed upon the authorities in Cairo to agree to his going to Yugoslavia. So persistent was he that I suspect they found it a relief to release him for 'special duties'. Firstly he had to undergo special training in escape and evasion, in the use of weapons and explosives, in sabotage, in survival, and in the ways of a guerrilla. He also had to do his parachute jumps and learn Serbo-Croat. Rogers was rarely impressed by the ways of the British Army but even he admitted to being so when he found the escape school was in the charge of that famous magician Jasper Maskelyne. He was in no way deterred by the knowledge that the guerrilla war in

Yugoslavia was being fought with great savagery and bitterness and without regard to the rules of war or the Geneva Conventions. He accepted that to bring surgery to the partisans he would have to live and fight alongside them, to share their hardships, and to identify himself completely with them. He was not a Communist, as had been suggested; it was not ideology that attracted him to Yugoslavia; it was the desire to be in the thick of things; to help those who needed his skills and who, but for that help, would perish.

At that time he was 43 years of age, short, stocky and prematurely grey. For his portrait, drawn in a hayloft in Slovenia by the well-known Yugoslav artist Jakats, I am indebted to the publishers of Lindsay Rogers' book "*Guerilla Surgeon*", Collins of St. James's Place, London. Rogers kept himself fit by walking, swimming and climbing, pursuits he had followed since his schooldays. He had learned to live off the land and was a great forager. His foraging was not inhibited by too fine a regard for the rules. I recall how in Sicily, whilst we were still at war with Italy, he took a senior Italian Naval medical officer across the still-disputed Island in a British Army truck, through the American lines, to visit the officer's family in the vicinity of the American beaches. They returned unscathed and unchallenged, the Admiral very relieved to have found his family unharmed, Rogers with several casks of Marsala wine, sufficient to sustain his team well into the mainland of Italy.

In the time available I can only summarise Rogers' experiences in Yugoslavia. Those interested in a more detailed account are recommended to read his own narrative "*Guerilla Surgeon*", which I acknowledge as the 'aide memoire' of much of my recollection. After describing his two separate missions into Yugoslavia I shall draw to your attention some of the special problems confronting those who have to provide medical services in such circumstances.

Because what I shall recount took place thirty years ago I must first recall the situation in Yugoslavia at that time, the end of 1943. In 1941 the Germans and Italians had invaded the country, set up fascist aligned separatist regimes in its never very cohesive constituent states, established garrisons in all the key towns, and deployed their forces along the lines of communication into Greece and Italy. To hold the country down they had exploited old rivalries and hatreds, setting race against race, creed against creed, ideology against ideology. Resistance had been organised by two main groups, by the Chetniks under the command of Mihajlović, loyal to the King and Government-in-exile, and by the Partisans under the communist leader Josep Broz, known to all as 'Tito'.

At first Mihajlović received what little British support was possible, but by late 1943 it had become apparent that the Chetniks were no longer active in the fight against the invaders and that some of them, in the words of Winston Churchill had even reached accommodation with them in their common fight against the partisans. The partisans on the other hand had been waging a ceaseless and vigorous guerrilla war against the fascists, sabotaging their communications and effectively pinning down more than a dozen enemy divisions sorely needed elsewhere. This guerrilla war had been fought with great bitterness and ferocity, no mercy being given, and none expected. It had been fought against both the foreign invaders and their fascist puppets, particularly the hated Ustashi, Croatian nationalists who had never accepted union with Serbia.

The capitulation of Italy in September 1943 had created a new situation. The Italians who occupied Dalmatia and the Islands ceased fighting. Some joined the

partisans but many, like Eric Linklater's Private Angelo, had made for home. The Allies meanwhile were pushing into Italy and from there were able to give increasing support to the partisans, by then dignified as the Army of National Liberation of Yugoslavia. The Germans were quick to occupy Dalmatia but were unable to prevent supplies being dropped into Yugoslavia from the air.

During the preceding three years the partisans, fighting with only what they were able to capture from the enemy, had suffered heavy casualties from wounds, disease and exposure. They had been desperately short of medical personnel and material. Large numbers of wounded had accumulated to hamper their mobility. To have abandoned them to the enemy would have meant their certain massacre. Until the Spring of 1944, when airstrips could be constructed and held, there was no possibility of large scale evacuation. It was this surgical backlog that challenged Rogers and his dedicated team.

Map of Yugoslavia.

Vis

Their introduction to the partisans and their way of life was on the island of Vis, a small Dalmatian island lying out in the Adriatic west of Dubrovnik and the islands

of Korčula and Hvar. The British were establishing there a forward base for the supply of the partisans on the mainland by sea and for liaison purposes. When I was there in April 1944 the Germans were in occupation of Korčula and Hvar, plainly visible across the water. We could not understand why they did not seize Vis; in fact during my short visit I was daily convinced they were about to remedy the oversight. They did not do so, being no doubt preoccupied elsewhere, and the island later became Tito's Headquarters following his escape from German encirclement in Bosnia.

On Vis, Rogers, whilst treating partisan wounded listened to their stories and came to appreciate more fully the enormity of the surgical problems confronting him. He became even more impatient to come to grips with those problems and was soon agitating to move over to the mainland. To do this he needed the permission of Tito himself and of the British Mission at his Headquarters. The former was readily given but the latter had not arrived when Rogers prevailed upon the British Commander on Vis to authorise his departure, or perhaps more accurately, he assured the Yugoslavs that he had done so. He was no stickler for protocol in such matters. Consequently he arrived in Croatia unexpected and without proper permission and had some initial difficulty in establishing his credentials with a suspicious people.

Croatia

Rogers and his team sailed from Vis on a Yugoslav fishing boat, heading northward among the numerous islands of Dalmatia. The Germans were in occupation of the coastal areas, having closed the gap left by the Italians, and were patrolling the channels with their E-boats. Evading these and the Ustashi lookouts on the headlands they slipped along the coast of the islands of Kornat and Dugi Otok before turning east for the mainland.

Hardly were they ashore than the village near to which they had landed and in which they had been made welcome was occupied by the enemy and systematically destroyed. Abandoning much of their equipment they were forced to take to the mountains where they joined with a partisan sabotage group. For several weeks they went along with this group learning much of the ways of partisan life and their mode of operating. Rogers I think had little idea where they were, partly because he spoke very little Serbo-Croat, partly because the partisans, like the British, had removed the place names to confuse the enemy. Eventually they arrived at Plitvice where the headquarters of Croatia Partisan Command was located.

Lindsay Rogers' activities in Croatia and later in Bosnia are best described in the words of Sir Fitzroy Maclean, the distinguished soldier-diplomat who headed the Allied Mission to Tito's Headquarters. Some of my audience may recall that Fitzroy Maclean, having discovered that the only way to secure his release from the Foreign Office to join the Army, which he was determined to do, was to enter politics, fought and won a bye-election at Lancaster. Without taking his seat, having meantime been commissioned in the Cameron Highlanders in which he had enlisted as a private soldier, he volunteered for Colonel David Stirling's newly raised Special Air Service regiment in Egypt. With this political expedient in mind Churchill introduced him to Field Marshal Smuts as "the young man who made of the Mother of Parliaments a public convenience". I gratefully acknowledge his assistance with the preparation of this lecture, and his encouragement.

In his book "Eastern Approaches", first published in 1949, Fitzroy Maclean writes:—

"By now our party including several technicians . . . Perhaps the most useful work of all was done by a stocky little Major in the . . . R.A.M.C. Doc Rogers, as he was called, had seen a lot of fighting in the Western Desert . . . Now, rather than work in a base hospital, he had volunteered for special service in Yugoslavia, not I think, because he took any particular interest in the country, but simply so as to be in the thick of things.

"He organised hospitals wherever he could, in peasants' houses or in the woods. In them he insisted on standards of hygiene and medical discipline unheard of before his arrival. He sent over my wireless link unorthodox but effective signals to the high-ranking officers of the medical world, demanding that they send him at once by parachute large quantities of medicaments and other supplies. He started to make preliminary arrangements for the evacuation of the worst cases to Allied Hospitals in Italy as soon as we gained control of a landing strip. Having got all this going he and his corporal moved from one part of the country to another, descending on his improvised hospitals like a tornado, organizing, reorganizing, interfering, operating by candlelight in stables and cowsheds, arranging for the removal of a group of wounded threatened by a German attack, or the isolation and treatment of typhus cases, of which, as usual, there were many. All this was done in a country occupied by the enemy, under conditions of considerable rigour, on short rations, in the middle of constant skirmishing and air attack."

" . . . such was his popularity that on occasion rival Partisan commanders quarrelled over him and Tito had to be called in to settle the dispute "

During Rogers' sojourn in Croatia he attended a medical conference arranged by General Goyko Nicholiš, Chief of the Partisan Medical Services. The conference, held at Glina, was in the nature of a D.G.A.M.S. Exercise but with two unusual features. Firstly, those participating were so keen to attend they travelled great distances to do so, mostly on foot, through the mountains, through enemy occupied territory, risking great dangers. Secondly, the conference was held almost literally on the run. The first night Glina was occupied by enemy tanks after a preliminary bombardment. The conference was transferred further west to Topuscko. The next day (May Day 1944), Topuscko in turn was bombed, and threatened by the enemy advance. Not to be denied their conference with its opportunities to exchange information and to learn from the experiences of their comrades the delegates moved into the mountains, to Slunj, where they reassembled. Here Rogers addressed the gathering on the principles of forward surgery and the lessons learned in the Desert. He received a great reception.

Bosnia

Soon after returning from the medical conference Rogers was summoned to Bosnia, to report in person to Tito's Headquarters. He had no option but to leave his hospitals in the care of his orderlies and to make his way south. This he did, sometimes on foot, sometimes by cart, suffering from dysentery, successfully evading enemy patrols who were active in the area. Passing through the ruins of what had been the town of Udbina he crossed the heavily defended main railway line from Zagreb to Split, and the River Una at Martin Brod, arriving eventually at Drvar where Tito had his Headquarters in a cave above the town. In Drvar also Brigadier Maclean's Mission was established.

Rogers was tremendously impressed with Tito, and was undoubtedly flattered that the national leader had read the surgical paper he had presented to the medical conference. More than that, he had accepted the thesis and wished Rogers to come to Bosnia to work in a new hospital, nearing completion, in the forest above Drvar, and there to organise courses in field surgery for partisan doctors. Rogers did not wish to leave his work in Croatia, but he had met his match. Tito's wishes prevailed and Rogers' team was sent for.

The new hospital with its medical school was established at Otocevas. There Rogers held three-week intensive courses for Yugoslav doctors, assisted with the training of partisan nurses, and published a medical journal. The hospital received many casualties, indicating increasing interest in the area on the part of the enemy. It became apparent they had located Tito's Headquarters at Drvar and that an attack would not be long delayed. The hospital, although well hidden was detected, probably by aerial observation of civilians bringing their patients for treatment. It was bombed with incendiaries and burned to the ground, the surviving wounded being dispersed into the forest. A parachute and airborne attack developed on Drvar, a heavy offensive aimed at eliminating or capturing the Partisan leader. The partisans were overwhelmed by the strength and ferocity of the attack and as many as could escaped into the mountains. Tito himself, trapped in his cave, climbed a rope up the rock face and escaped likewise.

Rogers and his team having had to abandon their hospital took to the forests with what little equipment they were able to salvage. When they endeavoured to return to recover more from their hidden bunkers they found their way barred by the enemy. They had left the hospital a smouldering ruin. The patients and medical personnel who had been dispersed into the forest had disappeared, many had died, some had escaped only to be captured and killed later.

For weeks Rogers and his team were on the move, doing what they could with virtually no drugs or equipment, evading enemy patrols and search parties, themselves hungry and thirsty, sometimes compelled by thirst to move higher up the mountain where there was snow, their only source of water.

Tito had temporarily lost central control of partisan operations. He was flown to Italy and later established his Headquarters on the island of Vis. Rogers and his party eventually reached Glamoč in the south, where an airstrip had been cleared and was being precariously held. From there they were brought out to Italy.

At the time I was commanding a 1200-bedded hospital for Yugoslav partisans at Grumo, a few miles from Bari, where the Yugoslav medical mission, to which I was accredited, was also accommodated. We were fortunate to have as the Chief of the Medical Mission a Colonel Djura Mešterović, later to become Director-General of the Yugoslav Red Cross. To Grumo came Lindsay Rogers and there he recounted many of the experiences I have related, together with his hopes and fears for the future. He was determined to return to Yugoslavia, to Slovenia, as soon as he could. He straight away set about collecting stores and equipment, fuming over delays he could not understand, and furious about what he called the Base "merry-go-round".

Slovenia

We were not surprised therefore to hear before long that he and his "boys", as he called them, had parachuted one dark night into Slovenia and were active again.

In Slovenia he found things very different from Croatia and Bosnia. The hospitals were more static and better organized although still of necessity dispersed and hidden. The standard of surgery he found much higher.

He was located in the region around Crnomelj, south of Nove Mesto on the Zagreb-Ljubljana road. He was occupied once more doing the rounds of his concealed hospitals, usually on foot, in the winter on skis, running the gauntlet of enemy patrols and hungry wolves.

During this period he returned to Italy to plead in person for the stepping up of air evacuation of sick and wounded partisans. Despite all this activity he found Slovenia something of an anti-climax after the excitement of Bosnia. Most would have welcomed the respite but Rogers was a devil for punishment.

Political tensions were heightening and the activity of the communist element among the partisans becoming increasingly ominous. Rogers felt frustrated by the diversion to other purposes of the medical supplies consigned to him, by misrepresentation of the help and the motives of the Allies, and by politically inspired antagonisms. He shared the anxiety of many of his patients who were becoming fearful of their future and that of their country.

It seemed too that the military commanders had abandoned their aggressive tactics and had assumed a defensive stance, interested only to hold their ground and conserve their strength whilst awaiting the arrival of the Red Army.

All who were associated with the Yugoslav partisans at that time, whether in their own country or in Italy, were conscious of insidious changes. So constant was the pattern that few doubted that the Party line was to discredit the Western Allies and to undermine collaboration with them.

President Tito's subsequent stand for independence within the Communist World vindicated the judgement of those who knew and admired him as a National leader, but was beyond the expectations of many at the time who saw only evidence of the ascendancy of Moscow dominated communism. Who can say to what extent the sum of the activities of people like Lindsay Rogers may have influenced an outcome more favourable than most dared to hope?

At this point, if we are to benefit from Rogers' experience, we must consider the lessons he learned, lessons those who in the future may be faced with similar problems must heed. Guerrilla warfare has become part of the tapestry of military life into which the future role of the medical services has to be woven.

Medical problems of guerrilla war

Whereas in the Desert and in Sicily the surgeons had to deal with relatively fit and recently wounded young men, in Yugoslavia the patients were men and women, often half-starved and emaciated, who had been wounded days or weeks before. Many were suffering from exposure and in the winter frostbite. Deficiency diseases had lowered resistance and pulmonary tuberculosis was rife. With low standards of hygiene and sanitation among those living together in close contact lice were inevitable and typhus widespread. Most patients evacuated to Italy were lousy and had to be disinfected, shaved, and their dressings and plaster casts replaced. D.D.T. had not yet arrived.

Despite the communal life the partisans, men and women, boys and girls, were obliged to share, often living rough and sleeping side by side, pregnancy and venereal disease rarely presented. Tito had forbidden sexual contacts between partisans and had imposed severe penalties, even death, on transgressors. Needless to say there was no dearth of snoopers and informers to ensure his edicts were obeyed, which generally they were. Mind you, a couple of live hand grenades dangling from a girl's belt do tend to discourage too amorous advances.

Surgical problems of guerrilla war

Although a rebel in other respects, in the surgery of trauma Rogers was orthodox. He had learned well in the Western Desert the merits of debridement, immobilization, and delayed primary suture. In so far as the principles of field surgery assume early evacuation, in Yugoslavia where there was none they had to be adapted to circumstances.

Many of the wounds Rogers saw were old and badly infected. He knew that survival in a hostile environment depended on mobility, that immobilization with extension, suspended from a Balkan beam, did not offer the best chance of self-help in eluding a stealthy enemy. Deep in the forest with little likelihood of early evacuation he had to reconsider the merits of amputation rather than conservation. With varying success he endeavoured to persuade the Yugoslav surgeons to abandon guillotine amputations and to fashion flaps. To many of them this was surgical heresy. The number of limbless partisans was a matter of great concern in a country where the prospects of securing an artificial limb were slender, and of survival without one less. The setting up of a limb making workshop in Italy must have been the first industry established by the new regime.

For lack of equipment and material Rogers was obliged to improvise what he could not scrounge, and he was a master scrounger. I recall his telling us how he secured a printing press on which to publish his medical journal. A senior stores officer in Cairo plaintively pleaded that he had but one printing press in reserve for the whole of Middle East Command. Almost predictably Rogers replied "That's fine, I need only one". He got it.

When he ran out of ligatures he had his assistants unravel the silken cords of parachutes. When he needed Steinmann's pins he used 4 inch carpenters' nails. Drip stands presented no problems, nor did Balkan beams. There were plenty of trees in the forests. He discovered how little equipment a surgeon really needs to function in such circumstances. When he returned to Italy to re-equip he concentrated on drugs and expendables rather than on hardware.

Hospital concealment

In Yugoslavia they were spared the usual argument as to whether medical units should be camouflaged, or whether reliance for protection should be placed upon the Red Cross. The enemy searched for hospitals to destroy them and everyone in them. They had to be hidden, or "conspired" as they termed it.

When the price of detection was death the art of concealment had to be well learned. The forests provided the best shelter for these hidden hospitals, ease of access having

to be subordinated to concealment. Colonel Djordje Dragić (1966) in his book "Partisan Hospitals in Yugoslavia 1941-1945" describes many such hospitals and the methods used to hide them. They were accessible only to those able to walk, or to a hand carriage, and even then tracks had to be covered with leaves or branches or avoided by the use of suspended ropeways or tree trunks, or by the trick of reversing stepping stones or wading through a waterway approach.

Rogers described the difficulty of heating and lighting these hospitals. Any glimmer of light or puff of smoke, or the noise of a generator, invited detection. In December 1944 it was so cold his vaseline gauze froze and had to be cut by an axe. At times a resourceful enemy used tracker dogs to pick up the scent of the wounded. Their no less resourceful quarry created false trails, using amputated limbs as decoys.

So important was concealment of the hospitals that patients on discharge were blindfolded until well away from the location lest spies reveal their whereabouts or a ruthless enemy extract the information from a captive.

Despite all these precautions a number of the hospitals were discovered. When it became apparent that they had been detected, either by air attack or by suspicious deployment of enemy troops, it was sometimes possible to evacuate the patients before an assault developed. On other occasions the partisan commander was obliged to mount an offensive solely to defend the hospital or to divert the enemy, buying time for the patients to escape. Those who in more conventional war are accustomed to having their battlefields cleared by the medical services would do well to ponder the situation where they would be obliged to abandon wounded, take them along, or deploy to undertake their defence.

Surgeon as guerrilla

In guerrilla warfare in Yugoslavia there were no protected personnel in the sense that the Geneva conventions protect. Whatever a man's job he was expected to kill Germans, or even better Ustashi. The partisans would not have understood anyone being squeamish about this. Rogers knew well that his survival and his ability to bring surgery to the casualties depended upon himself; that to be accepted he had to identify himself with the fighters and saboteurs.

He admitted to killing Germans in defence of his patients. On one occasion he encountered five of them with a Chetnik guide in the vicinity of one of his hospitals. Faced with the choice of exposing his patients to massacre or of eliminating the patrol he saw clearly what he must do. I doubt if he enjoyed it but he was a realist.

The enemy were aware of Rogers. On a dead German had been a description of him together with instructions that he was to be taken alive if possible. He was not flattered by the description "an old man of 50, with grey hair, thick set, and clean shaven". Nor did he derive much satisfaction from the knowledge he was to be taken alive if possible for he knew too well the use the enemy made of prisoners possessed of information reckoned to be useful.

For his work with them the Yugoslavs awarded Rogers the Order of Bravery and the Order of Merit of Yugoslavia.

The partisans and politics

Rogers had nothing but admiration for his Yugoslav patients. He admired their courage and fortitude, their cheerfulness and stoicism. He was touched by their sad

songs about their homeland and heroes and impressed by their simple dedication to their slogan "Smrt Fasizmu, Sloboda Narodu", Death to Fascism, Liberty to the People. Short of anaesthetics he sometimes had to operate under the influence of half a cupful of rakija whilst his patient sang his, or her, patriotic song.

His admiration for them was shared by all who had anything to do with them, and who also marvelled at their powers of recovery. Colonel J. W. Hirst (1945) commented upon this in an article in the *Journal of the Royal Army Medical Corps* in which he describes the assistance given by the Corps to the Yugoslavs evacuated to Italy.

The only criticism Rogers expressed about the partisan soldiers was their roughness when handling his patients. He understood that the partisan life made them tough but regretted they had forgotten how to be gentle.

Inevitably he clashed with the political commissars who seemed to regard the communist indoctrination of the patients as taking priority over their surgical treatment and their need for rest. Most of the partisans were simple folk, peasants and artisans, without any particular political allegiance, yet fervently nationalistic. They hoped for a better life after the war than most of them had had before it. Many of those who were not communists nevertheless believed that Tito offered the best chance of unifying their country. Meanwhile the communists were taking no chances, time was short, indoctrination of the partisans was urgent, and what better captive audience than a surgical ward full of patients.

Rogers work among the partisans won him the respect of many of their political and military leaders and the affection of those with whom he worked. General Lord Freyberg in his foreword to Lindsay Rogers' book commented on the change of attitude he detected among Yugoslavs, previously hostile, when they discovered he was acquainted with Dr. Rogers. Freyberg you may recall led the New Zealanders into Trieste, narrowly forestalling its occupation by the Yugoslavs.

Conclusion

As the war in Europe drew to its close and the Germans withdrew from the Balkans Rogers was recalled from Slovenia. He remained with 'Special Operations' and was in Ceylon and later Tibet. All we know about his activities in Tibet is that he was sufficiently remote that the news of the end of the war against Japan took fourteen days to reach him.

For five years from 1947 until 1952 he held the appointment of Regius Professor of Surgery in the University of Baghdad. He returned to New Zealand, to the practice in Te Awamutu, in 1952. He married in 1957.

Lindsay Rogers died tragically in 1962. He was driving with his wife in New Caledonia. It was a bad night, raining and visibility was poor. He had driven already through a number of fords across streams swollen by the rains, the type where concrete ramps lead into the stream and up on the other side. Arriving at what appeared to be yet another ford, but what in fact was a ferry, the concrete ramp much like the others, he mistook the lights of the pontoon on the other side of the river for the rear lights of a car crossing a ford, and drove into the river, plunging into 18 feet of water. His wife happily, being slender, managed to escape through the passenger's window but Lindsay

was drowned. When the car was salvaged his body was found jammed in the driver's window. He died as he lived, dangerously.

I quote from a letter of sympathy Mrs. Rogers received from Sir Fitzroy Maclean:

"He was a splendid man and all who knew him will share something of your feeling of loss. He did magnificent work during the war in Yugoslavia and his name will live there for many generations among those who had anything to do with him. I myself am proud to have known him".

I too am proud to have known him and worked with him. The history of the Royal Army Medical Corps is made up of the individual histories of those who have served in it. I believe that Lindsay Rogers added lustre to our Name and am grateful for this opportunity to pay a belated tribute to his achievement.

REFERENCES

- BATTLE, R. J. V. (1969). Philip Mitchiner—His Life and Teaching. *J. roy. Army med. Cps.* **115**, 78-86.
DRAGIC, Djordje (1966). Partisan Hospitals in Yugoslavia 1941-1945. Vojnoizdavachi Zavod, Belgrade.
HIRST, J. W. (1945). An Account of the Medical Services of the National Liberation Army of Yugoslavia and of the R.A.M.C. Assistance given to it. *J. roy. Army med. Cps.* **84**, 105-114.
MACLEAN, Fitzroy. (1974). *Eastern Approaches*. Jonathan Cape Ltd. London. Pp. 430-431.
ROGERS, Lindsay. (1957). *Guerilla Surgeon*. Collins, London.