

The ward was in ship-shape order again, and there was just sufficient time to treat one patient before the evening meal—septic coral sores, cleansed with hydrogen peroxide and treated with zinc oxide ointment; and a heat rash dabbed with Calamine lotion.

We had just scoffed a hasty snack after feeding the ward when someone announced: "Here are two more patients for you." Fortunately they were not serious casualties, and so were able to wash themselves while I scouted round for clean sheets and pyjamas, which were in short supply owing to quantitative demands aggravated by poor drying weather.

While a search was made for supplies a second patient was given a hot soak for his bullet wound. Then came a further bombshell: "Be prepared to receive a patient from the operating theatre. There will also be another with burns."

Number Three patient carried on bathing his foot while the latest operation case was put to bed—a sturdy New-Zealander who had been struck behind the knee by shrapnel through being slow getting to a foxhole. He was nearly fully conscious and climbed from the stretcher with little help and was soon comfortably fixed.

Darkness was now descending, so Number Three's wound was hurriedly dressed with sulphanilamide powder. Now the new operation case required some attention, darkness necessitating the use of a "muted" torch, other lighting being prohibited because of air raids.

The sergeant arrived with a pile of sheets and pyjamas. The first after-dinner arrival was safely bedded, when came the triple wail of the air-raid siren. Some of the "walking" patients darted to the foxholes. But the other cases could not be moved. Investigation revealed that my tin hat had been "borrowed" by some unknown, so I squatted on Number One's bed as he showed reaction from his previous bombing.

"Shouldn't you be lying flat on the ground?" he queried considerably. No, he was reassured; our only danger so long as no lights were visible was from shrapnel or a raider dumping his bombs

while attempting to avoid night fighters. I chatted for a while, then went on trying to put up mosquito-nets while keeping up a running fire of comments to assure the bed-ridden they were not alone.

The "all clear" sounded after about twenty minutes, and a corporal unobtrusively took over a couple of dressings to ease the pressure. In a few minutes the sirens wailed another warning, and again we reverted to complete blackness. "Water," was an all-round request now. I fumbled in the dark until all were satisfied.

Number One complained of severe pain, so a further injection was obtained and duly recorded on his case-sheet. "Will it have the same vomiting effect as the anæsthetic?" he questioned. I explained that the reaction was merely to numb the pain and induce sleep. "You must excuse the questions; I appreciate tremendously all you are doing, but as this is new to me I am bound to be a little green," he apologized.

After attending a gashed knee I resumed the slow, trying job of arranging the mosquito-nets in the black-out; because of the many tapes one would tie a middle tape on to an end and have to undo and begin again. The ack-ack guns opened up, but the shell-bursts were not directly overhead.

Just as the last net was being erected the night orderly arrived. He was told the names and positions of all the patients and their condition, and given detailed accounts of the ones likely to need attention, the number of morphine injections and the time administered. His offer to finish tidying the ward was politely declined.

Some thirty minutes later—at 9.30—as I sloshed through the mud to company quarters the sirens announced the "all clear." I noted sympathetically that the operating theatre was still going—a fourteen-hour stretch—and I went on my way, using the continuous rattle of cutlery in my mess-tins as an indication to the armed guards that the night wanderer was unit personnel.