



## Dove's Rock

The total land siege of Dubrovnik started on October 1, 1991. After more than a month, the aggressor, under the pressure of the West, finally allowed the evacuation of women, children, and the sick and elderly.

Meanwhile, cluster bombs and mortar shells were tearing down the residential areas of the City. On November 1, 1991, four children were killed in Mokošica, the residential suburb of Dubrovnik. On St. Nicholas' Day, Dubrovnik suffered its most tragic destruction in recent history. Shelling damaged or destroyed more than a third of the cultural monuments inside the city walls. Shells damaged the Onofrey's fountain and the famous Stradun street, and destroyed many other cultural monuments, including a Dominican church and a monastery from the 13th century. The Jewish synagogue from the 14th century, the second oldest in Europe, was also damaged. The city wall and its many towers and fortresses were hit by shells, as well as the city gates, Pila. The renaissance villas and hotels, Interuniversity center, and harbor were all seriously damaged and burnt. The aggressor justified the siege and shelling by claiming that they were defending the city that "is and has always been Serbian", somehow forgetting the fact that Dubrovnik has never been a part of Serbia. They even said that the black smoke enveloping the whole city was fake and came from burning car tires.

Our forces moved to break the siege of the City in July, 1992. My brigade was conducting a deep maneuver around the city, aiming to reach the coast southeast from Dubrovnik.

The bloodiest battle occurred on the Dove's Rock, a barren rocky hill with a few lone cypresses that seemed to invite only lightning and enemy shells. Our brigade had to wait, and waiting was, as always, difficult. I had not been feeling or showing fear for some time. The only thing I was obsessed with was predicting the outcomes of our future actions. We treated the predictions as real facts and tried to find solutions in advance. Today I know that those premonitions were influenced by the terrible experiences we all had and will have to live with for the rest of our lives.

We often had to go out into the rain of shells and evacuate the wounded from the battlefield. This time my medics and me crawled over jagged rocks almost 300 feet to where Srećko (Lucky, in Croatian) was lying with his eyes closed. His comrades were not beside him – he had told them he would wait for help alone. He claimed that he was just scratched by the

shrapnel, and was not bleeding. His breathing was shallow, fast, and quiet, as if he were just tired from physical exercise and had stopped for a rest. I asked where he was hurt, where he felt the pain. He slowly moved his hand that was lying beside his motionless body and pointed to the back. Trying not to stretch it too much, we immobilized his neck with a small backpack filled with bandages. There were no traces of blood on the front side of his uniform. I asked him if he could turn around or move. He gave no answer, but I could see tears in his eyes. I palpated his back, and my fingers stuck into the torn, wet uniform. I felt a small prominence in the lumbosacral region. The skin over the prominence was scratched, and when I took out my hand my fingers were just slightly wet with blood, indicating that there was no serious bleeding. As I palpated the injured back, I looked at his face. It did not show anything – no pain, no curiosity, no fear. There was no mimics. He looked like a living dead.

The movements of Srećko's arms indicated that the spinal cord was intact at the level of the cervical spine, but his legs were completely paralyzed. As I palpated his legs, first gently and then more firmly, he said he did not feel anything. There were no signs that any sensory or motor function below the palpated wound was preserved. I thought about what the wound at the level of the lumbosacral spine could mean. First of all, I did not know, and neither did Srećko, whether he was wounded from the fall on sharp rock onto which the detonation flung him, or from a piece of rock or metal shrapnel that pierced his back. Did the wounding cause compression, contusion, edema or ischemia of the spinal cord, or did it sever his spine and spinal cord completely? In these circumstances these would have been compound injuries. But perhaps the spine and spinal cord are intact? Maybe it's only a physiological and not an anatomical severance? Even a physiological severance can cause irreversible damage to the spinal cord if the spinal artery sustained compression damage that would interrupt the blood flow and cause ischemia. Maybe the injury to the paravertebral region was caused by a high-velocity projectile which caused contusion, bleeding, and excessive stretching of the tissue in the vicinity of the spine and subsequent neurological damage. I dwelled on these possible causes rather than the possibility of true spinal cord severance. Surrounded by continuous shelling and a terrain without a centimeter of maneuver space, I could not assess Srećko's condition. Then I remembered a sentence from the textbook on military surgery: If you

cannot answer these questions and injury to the spinal cord is suspected, the patient must be treated as if there was a real injury to the spinal cord. Magic sentence. It stopped my futile deliberations about Srećko's condition. But how to immobilize him and take him down the hill? It would be too dangerous during the daylight. We had already had several medics killed or injured while evacuating the wounded from the battlefield. (I later read that in the Vietnam war, out of a hundred of those evacuating the wounded from the battlefield, thirteen were killed and seven wounded.)

The first thing to do before evacuation was to immobilize Srećko. We put a donated semiflexible collar around his neck, and then four of us, three holding the body and one holding the neck, transferred him onto two planks that we found nearby and fixed his head, chest, abdomen, and legs with bandages. Finally we put him on a stretcher – he was now ready for the precipitous descent down the hill.

While we were waiting for the night to come and fighting to stop, I started an infusion of Ringer's solution to treat Srećko's hypotension. I added some dexamethasone to prevent spinal cord edema, and mild sedative to calm him. Analgesia was not indicated because Srećko did not complain of any pain.

Finally, in the darkest night and down the most treacherous path, ten soldiers took turns in carrying Srećko. It took them four hours to take him down the hill and to the medical vehicle, and another eight to get him to the hospital in Split. I had to stay on the mountain to take care of other wounded soldiers coming in.

In the hospital, the X-ray examination showed a piece of metal in between the fifth lumbar and first sacral vertebra. The shrapnel caused compressive frac-

ture of both vertebral bodies and prolapse of the discus, with osseous fragments scattered in the surrounding tissue. Laminectomy was performed but did not improve his condition, finally confirming that the spinal cord was irreversibly severed. Srećko had no luck, but to be alive, and that was no consolation to him.

They told me that Srećko's inability to move had a severe psychological impact on him. He was a cripple, and he saw himself as a creature marked by misfortune.

Because of his desperation, hopelessness, and inability to accept his handicap, Srećko completely neglected his treatment. There was no hate in his resistance. He was not aggressive, he did not blame his friends or enemies, he did not blame anyone. He laid it all on his fate, and did not allow anyone to enter his world of complex emotions and silence.

I visited him some time later, and was saddened by his cold refusal of any deeper communication. He just made a few sarcastic and painful jokes about his condition. He gained so much weight that he could barely sit in his wheelchair. His face was swollen and his skin icteric. His comrade's stories were true – Srećko became an alcoholic. He was alone and neglected, had not left his apartment for a year, and only sometimes allowed his sad mother to bring him some food. Soon after my visit, he was found dead in a pool of blood. The autopsy showed decompensation of the liver cirrhosis and rupture of the esophageal venous plexus.

Srećko's dying began on the Dove's Rock. His body was paralyzed and tied to a wheelchair, and with it his spirit. And just like a dove tied to a rock and bereaved of freedom to fly, he gave up, in silence.

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