

**Notes on the organization and working of the Indian Field Hospital in war /
by G.J.H. Evatt.**

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NOTES ON THE
ORGANIZATION AND WORKING
OF THE
INDIAN FIELD HOSPITAL
IN WAR

BY
BRIGADE SURGEON LT.-COL. G. J. H. EVATT, M.D.
Medical Staff.



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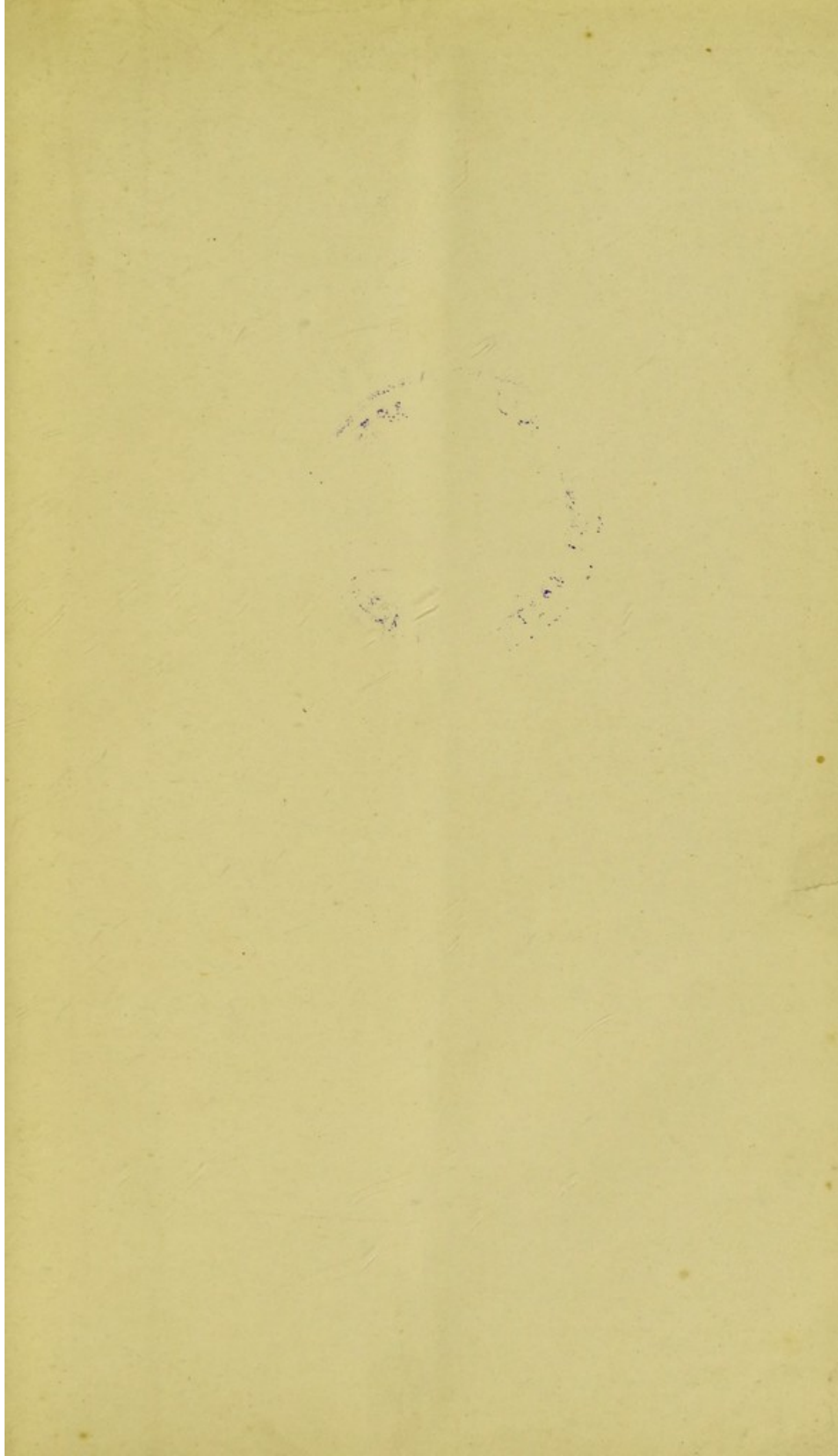
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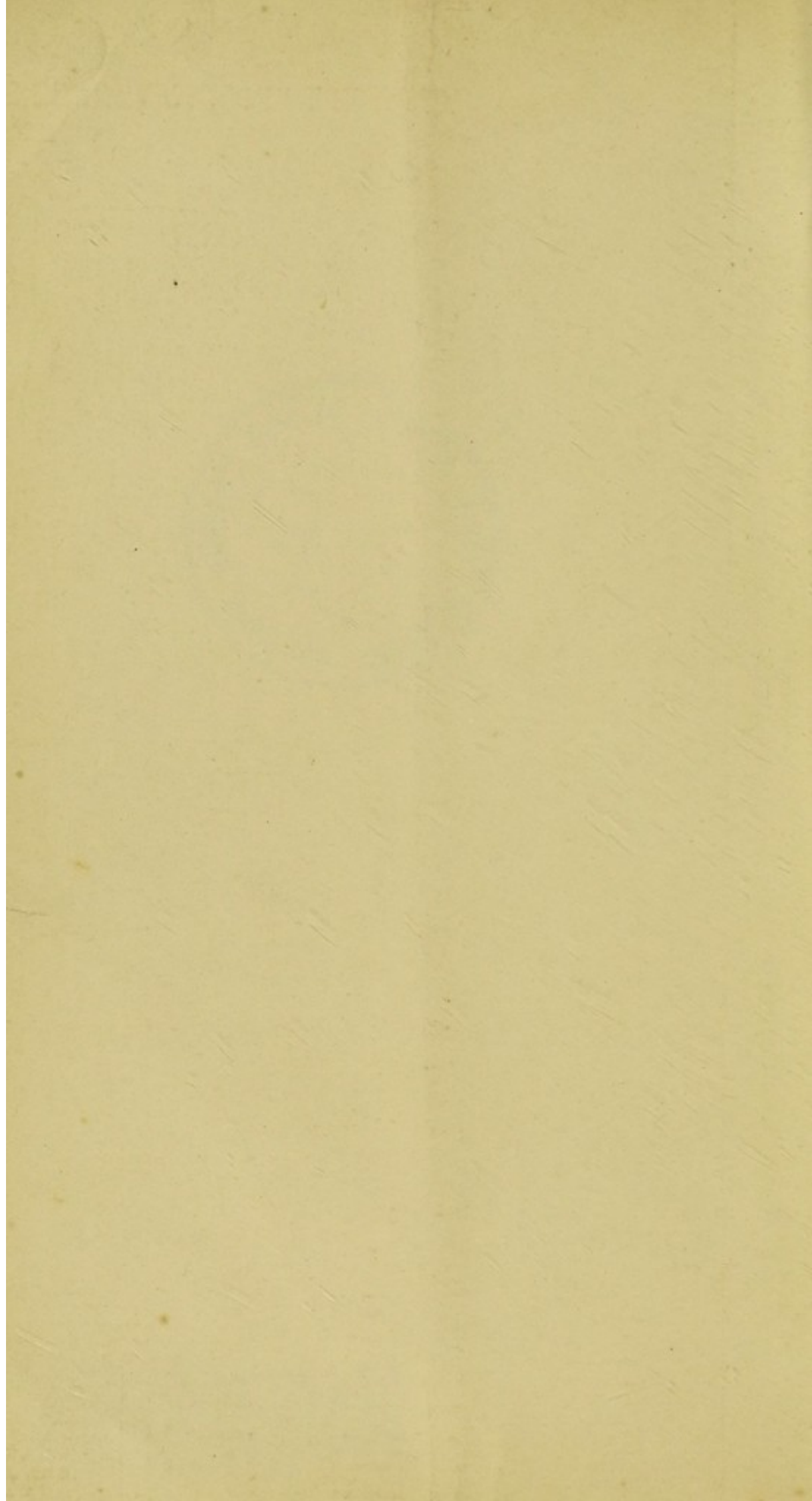
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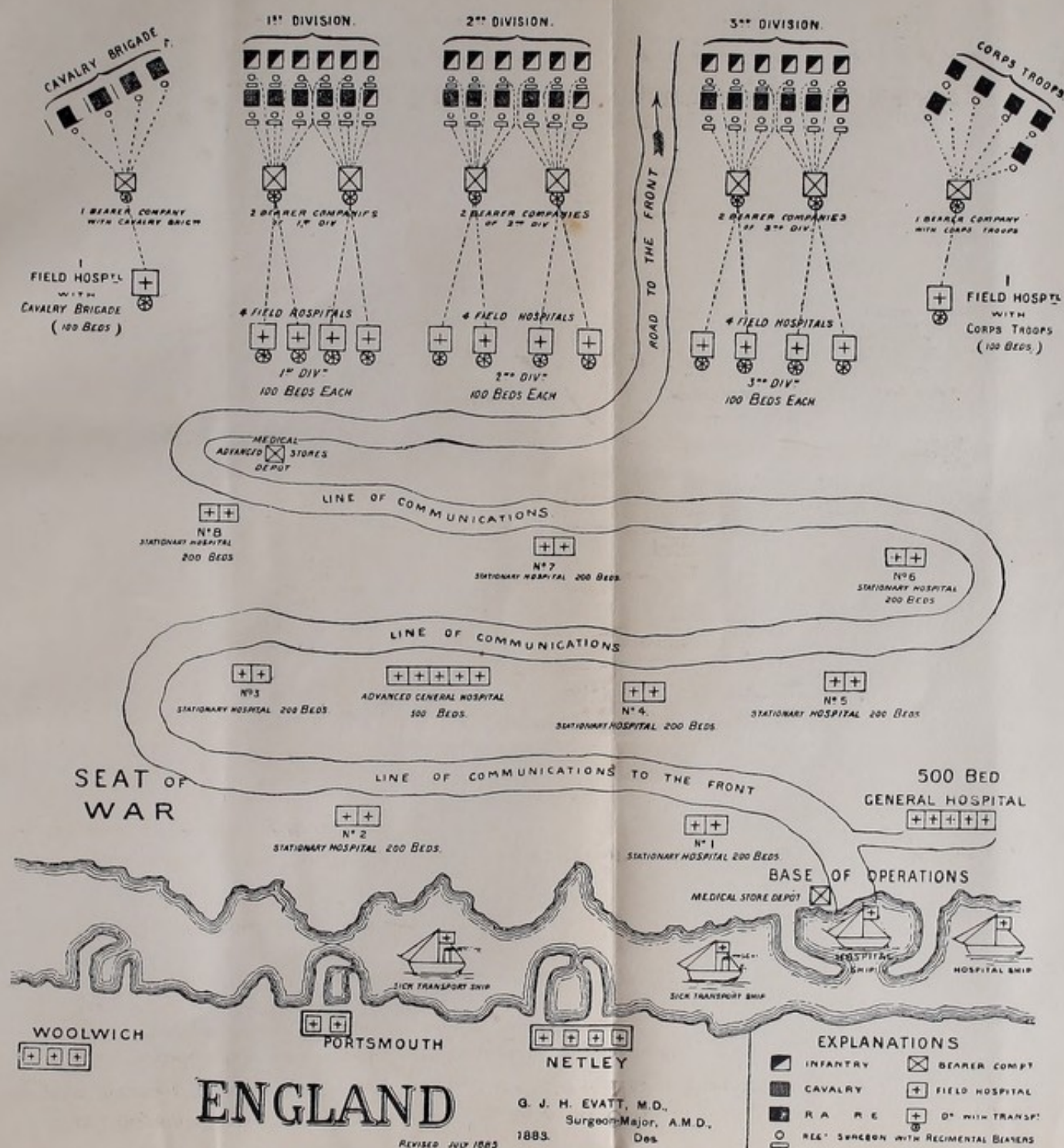


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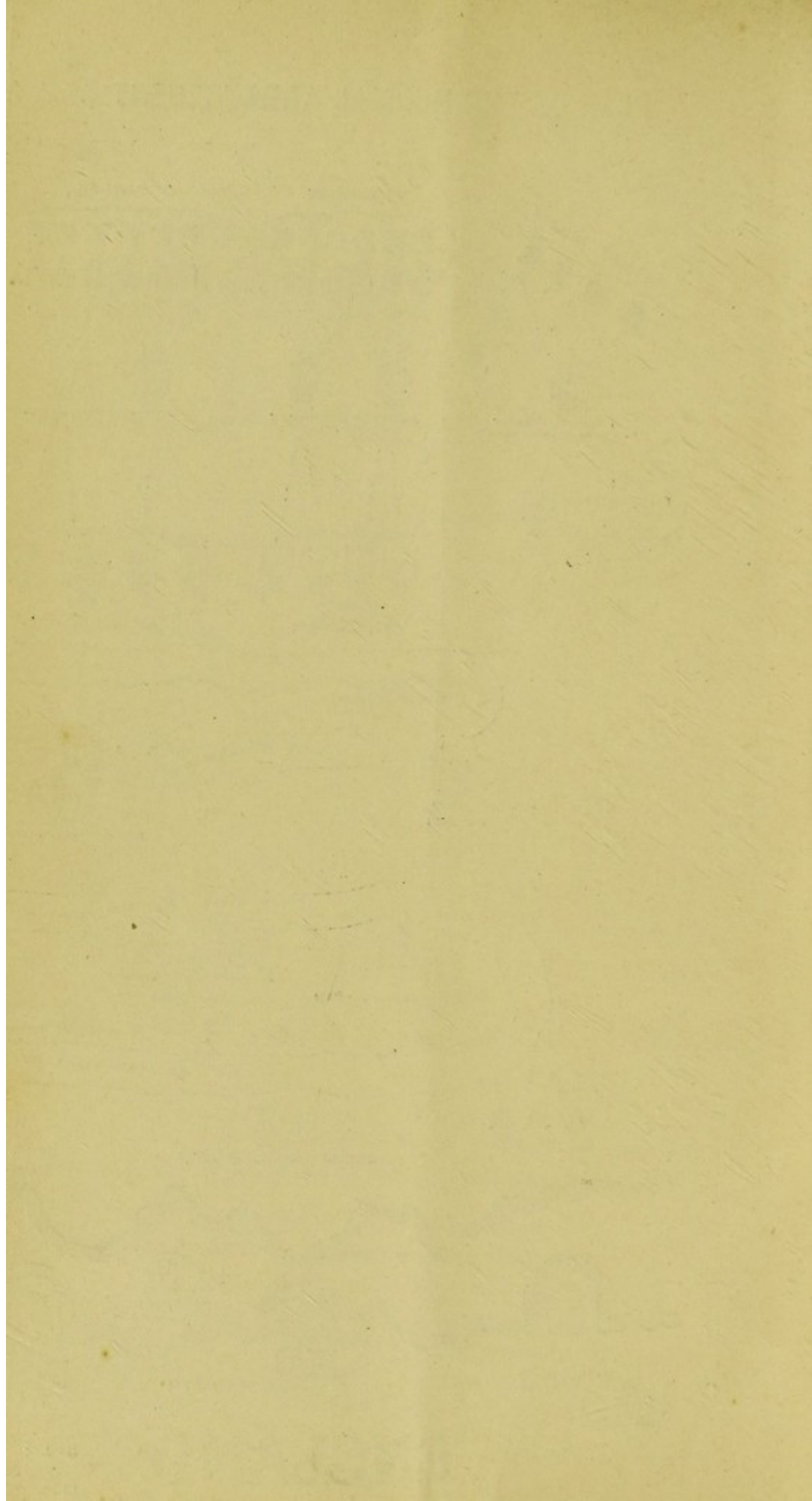
PLAN OF THE MEDICAL ARRANGEMENT OF A MODERN ARMY CORPS IN THE FIELD.



This Diagram shows the various Divisions of an Army Corps in the field, and the medical arrangements in sequence from the front of the Army in the field to Netley Hospital in England, as follows:—

- 1st. Medical Officer with Battalion with Regimental Ambulance Men.
- 2nd. Divisional Bearer Companies of the Medical Staff Corps.
- 3rd. Movable Field Hospitals.
- 4th. Stationary Hospitals on the Line of Communications.
- 5th. The Base Hospital.
- 6th. Hospital Ships carrying wounded to England.
- 7th. Netley, Woolwich, Portsmouth.

Through each of these various units, all of which are officered and manned by the Medical Corps, the wounded soldier must pass in war time.



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TRO
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DEDICATION.

TO

SURGEON-COLONEL E. C. MARKEY, C.B., M.S.

AND

BGD.-SURGN. LT.-COL. G. C. GRIBBON, M.B., M.S.

I DEDICATE THESE PAGES IN MEMORY OF THE DAYS WHEN WE THREE
SERVED TOGETHER IN THE 1ST AND 2ND BATTALIONS OF THE
KING'S OWN BORDERERS AS THE LAST REGIMENTAL
MEDICAL OFFICERS OF THAT REGIMENT UNDER
THE REGIMENTAL SYSTEM, ABOLISHED
MARCH 1ST, 1873.

TWENTY years have passed by since that day in 1873 when the warrant was issued that separated us from the battalions of that grand old Regiment to which both of you gave such devoted service, and in which I, as a junior officer, learned by your perfect examples so much of the duties of a Regimental Medical Officer.

When I remember the feelings of absolute love for, and complete identification with, that historic Regiment with which all three of us were inspired, and the absorbing *esprit de corps* which animated all our connection with it, who can doubt the blow which we all received when, in March 1873, in a moment, and with not a word of warning, we were turned out of its happy internal social life into the arid deserts of an unorganised Department.

When I bear in mind the self-sacrifice, the skill, and the deep sympathy with your brother-officers and men which characterised your long years of work in those battalions, is it any wonder that the feeling of loss was as deeply

felt by our old comrades as it was by you both and by myself?

Years have gone by since then, years of constant warfare under trying conditions, and we each of us now feel that sad though the separation was, and almost heartless as was its method of execution, it was and has been entirely for the best and absolutely essential for the Regiment, for ourselves as Medical Officers, and for the Army.

Lulled in the pleasant regimental social life we remained hopelessly unready for war, untrained in the completest way for field service, it was as certain that if war came disaster to the wounded and sick would follow as surely as in 1854 on the Alma hillside, or in the Crimean winter, or in the long corridors of Scutari soldiers died who should have most certainly have lived. A fuller professional life as to the treatment of disease, a stronger standpoint for the all-important sanitary care of the soldier's life, and the potentiality of perfect success in war have all resulted from the seemingly bitter wrench of 1873.

Thus out of apparent ill, and much personal suffering, good, and the hope of further good, has largely come.

But that further good, so largely needed, so earnestly hoped for, and for which each of us, and every officer of the Medical Service daily waits, can only come when a statesman rises with sufficient grip of the facts to see that on that day in March 1873, when in deference to the demands of modern war it became necessary to give autonomy to the Medical Service, and to gather in its scattered elements into a body organised for better work in peace and success in war, we should have been made into a Royal Corps, as completely organised as the Royal Corps from which we were so suddenly torn.

Removed from a Regiment where the regimental Commanding Officer was the responsible head of the battalion

hospital, where the Adjutant was a helping executive officer, where the battalion Quartermaster was the supply officer and store-keeper, and where soldiers of the battalion furnished the needful ambulance and administrative help for working that regimental hospital, we all of us feel that when the demands of modern war necessitated the autonomy of the Medical Service and the gathering in of its scattered regimental units into a self-governing and responsible body, we should have been given from our own body a medical Colonel to replace the Colonel we had lost, a medical Adjutant to replace the Adjutant whose help was no longer available, a Quartermaster to do for us all the work the battalion Quartermaster did, and a Corps of trained men under our own orders and linked to us by a common title, a common dress, and a joint tradition to do the frightfully heavy work needed from the Medical Service in war—coming as we did from Royal Corps.

We claimed then to be made a Royal Corps, clearly defined military rank, perfect equality within the army and the organisation of our field units of Field Hospitals and Bearer Companies in peace for war, and a status and an organisation as complete as, and identical with, that given to the Royal Engineers, or any other technical Corps of the army.

Had this been done in 1873 what bitter social suffering might have been averted, what misery in one's daily life might have been fully avoided, and what a heavy strain in war might have been largely minimised? Serving as either of us three have done in warfare in Malayan jungles, up the desolate Bolan Pass, and on the freezing Quetta table-lands, on the march to Kabul from Kandahar, and from Kabul to Kandahar, up the narrow defiles of the Khyber, in the rugged Passes of Jugdulluck and the Afghan mountains, in the Soudan, whether on the Nile or by the Suakim shore,

or in the Chin-Lushai country, have we not hoped and prayed that better days might come, and that good organisation in peace and a defined status in the army might save us from preventible sufferings in war.

We have hoped in vain, and we will continue so to waste our wishes and our energies until a statesman arises with a clear and open mind, free from narrow tradition and able to appreciate facts as they stand ; and he will give us that absolute justice which is all we claim.

No words can ever record our sufferings in those past twenty years in peace and in war; and the hopelessness and despair of the Medical Service is the result of inconsiderate rule and unjust conditions.

We still hope almost against hope that a juster future will come, and we appeal only for enquiry, absolutely convinced as we are of the equity of our demands.

I have endeavoured in the following pages to record some experiences gathered in the most bitter trials, in five separate campaigns, and I know that both of you can largely supplement, and will in a very large degree support, all that I have said.

I dedicate these pages to you both, once my brother-officers on the narrow regimental basis of 1873, but to-day my brother-officers in that Medical Corps which suffered and suffers so much in its painful evolution, but which, despite the opposition of prejudice, class-feeling, ignorance, and old world tradition, is forging its way ahead to the position and the efficiency which we never cease to claim for it.

The *comradeship*, the devotion to duty, the *esprit de corps*, the absolute cohesion for good and ill of officer and man in peace and war, the rise and fall together in good or evil days, which was the bond of internal life in the King's Own Borderers, we are to-day building up in our own devoted Medical Corps—and all we pray for is as equal

a status, as honoured a name, and as absolutely just consideration and treatment as is accorded to our old Regiment and its gallant officers and men.

On so just a foundation we may succeed : on anything less our life must be socially unhappy in peace, and certain of failure in war.

I dedicate these pages to you both in pleasant memory of the past and in firm hopes of justice in the future.

1892.

G. J. H. E.

in a letter to the President of the United States, dated
January 1, 1862, in which he stated that he had been
appointed to the position of Secretary of the
Department of the Interior, and that he had
accepted of the appointment. He also stated
that he had been appointed to the position of
Secretary of the Department of the Interior,
and that he had accepted of the appointment.

U. S. DEPT. OF THE INTERIOR

1862

CHAPTER I.

INTRODUCTORY.

THE one great aim of all the changes which have taken place in the Army Medical Service since the abolition of the regimental system in 1873, has been to strive to make that service more ready for its work in war. During the long peace that intervened between Waterloo and the Alma, the medical service was a purely regimental organization. That is to say, it had no autonomy, no independence, no system whatever of field organization, but was sub-divided and attached to battalions in the same way that regimental bands belong to battalions.

Living in comfortable messes, listening to pleasant bands, enervated by medical duties often trivial in character, working in petty regimental hospitals with little or no sick, the medical officers became weakened in self-confidence, and when the time of real war came as in the Crimea, the sub-divided edifice came crashing to the ground.

So long as peace exists, and settled order reigns, and war is unheard of, this regimental sub-division does its work fairly. The battalion Colonel commands the hospital, the Adjutant issues any needful orders, the Quartermaster attends to supplies and the physician prescribes for the sick. He has no executive functions ; everything is done for him, and he is kept free from all anxieties. If any disaster or break-down occurs, he is not responsible ; he blames someone else. This happy life flows merrily on in the piping times of peace, and it develops a physician with a charming bedside manner, but with methods and character absolutely

untrained and unfitted for executive functions in war. The sick are hungry, he blames the Quartermaster ; the patients are drunken, he blames the Commanding Officer ; orders fail to reach the Hospital Staff, he blames the Adjutant ; but never for any neglect, or break-down, or breach of discipline does he blame the Doctor. Carry on this system for a generation, and you have ready to hand all the elements of collapse in war, and the *chaos* of Scutari is being organized by utterly defective training in peace.

Now go into the field and go in front of the enemy. The very first volley—the bursting of the first shell—smashes up all the peace routine and all the non-responsibility theories of the practically civilian doctor of the regimental days.

My battalion goes into action, and when the day is done, I find 30 men killed and 80 wounded in my battalion alone. The next battalion has suffered more heavily. I find it has 45 killed, and 98 wounded. I and my aids do our best to dress the battalion wounded, and two of us are kept busy in giving these few wounded the roughest, hastiest, simplest bandaging on the field and within the bullet range. The wounded strew the field. I can give them no food and perform no special operations or dressings, as their number far exceeds the resources of the small regimental medicine pannier. But while I stand on the field and see my shattered comrades, the men I grew up with in my battalion, lying wounded and dying around me, I hear the regimental bugles sounding for the advance of my battalion, and word is passed round that the enemy are retiring, and pursuit is urgent and is to be begun at once.

What am I to do ; am I to let the battalion go on without medical aid, or am I to forsake my wounded friends and follow the Corps ? Nay, but if I do wait behind with them, what can I do for them ! I want to get food for them, but I have no Quartermaster ; he is gone on with the battalion.

I want transport, but every available carriage has been pushed forward with the pursuing force. I want my Commanding Officer's advice, he is hurrying forward miles to the front. I want the Adjutant to see if he will issue orders ; he is away with his battalion. I want orderlies to attend on the wounded. Every man has pushed to the front, and I stand alone on the battle-field, and my comrades are dying around me, and what can I do—I would fain help them, but I cannot ; I have no means at my disposal, and the wounded die uncared for.

All this comes of not thinking out in peace what war means ; you must have behind the battalion a new corps, another organization, an independent body organized like any other corps in peace for war.

This corps trained and drilled and disciplined takes over the wounded men on the field, carries them to a central collecting place, operates on them, dresses them, feeds them and transports them to the Field Hospital behind the fighting line, whence, if severely wounded, this corps takes them, march by march from Field Hospital to Field Hospital along the communications to the base of operations, where if they recover they return to the front, or, if severely hit, they are embarked for England on hospital ship manned by the Doctor's corps.

The very same rule applies to the sick soldier. He must be removed from the front ; he must be sent to the rear ; he must be cared for *en route*, and he must be sent to England if hopelessly ill.

All this service then of the sick and wounded from the battle-field in front to England, thousands of miles away, has to be done by a corps, the Medical Corps, working on a disciplined, ordered, regular, and military basis, and it is or should be a corps in the army like any other corps ; the same training, the same drill, the same gradation of rank, command and authority are all needed to make that purely military

machine go, and the more the scheme of medical organization in war is studied, the more it will be found that it needs exactly the same routine and the same methods of work as any other corps. The medical men working it must put aside their previous position and their previous stand-point of fault-finding and of taking no responsibility. Their old Commanding Officer is gone away long marches to the front, then let them develop their own Commanding Officer ; their Adjutant is riding with the column 50 miles away, let them develop their own Adjutant ; the Regimental Quartermaster is toiling after the battalion far away, and food for the sick there is none, let them develop also their own Quartermaster and draw their own supplies. Orderlies to care for the sick, there are none ; for all are in the ranks in front, then develop in peace, the needed men and the essential corps, dress it like its Officers, give it and them a distinctive title, bind it and its Officers together with the bonds of comradeship and discipline. Train it and them in peace for the risks, the danger, and the frightful strain of war, and when the day of trial comes, it will not fail the Nation and the Army. *Esprit de corps*, self-sacrifice, devotion to duty, discipline, are all as possible and as needed in the Medical Corps as in the other. Treat it as unjustly as you please, call it by any defective title, minimize its importance, separate its Officers and men, isolate it from the army it serves, withdraw from it that share of equal rank and justice and rewards which England meant for all her fighting sons ; nevertheless they are soldiers still, they are serving their mother-land as well and with equal self-sacrifice as the soldier ; and the more you recognize this fact, the more devoted will be their service in the day of battle. From these crude beginnings of the Doctor, his wounded comrade and the orderly carrying out the Doctor's orders, develop all the organized ambulance aid, all the Bearer Companies, the numerous Field

Hospitals, the long weary line of communications Hospitals, the care of the mass of wounded and sick in the General Hospital at the base, the organized Hospital ship carrying the wounded safely to the dear land at home. From this comes Netley's miles of corridors of wounded men; from this come the Herbert Hospital's palatial wards, and all the help, the aid, the comfort given by the nation to the soldier who serves England in the fight. Developing under excessive difficulties, struggling daily with heavy and old-world prejudices, crushed out by the selfishness of narrow class-feelings, pressed upon by all the social pressure which tradition and its exclusiveness can muster, undermined at times by ignorance of the first principles of organization within its own body, unaided often by those in whose hands supreme authority lies, fearful of assuming, and definitely claiming, the name, the status, the methods of a military body, undrilled in the actual routine of war, often ignorant of its *matériel* and with a *personnel* thrown together without cohesion, nevertheless the Medical Corps is slowly working its way ahead to that efficiency which can only come to it when absolute justice and equality is its share, and when every private soldier of England is looked upon by all who have to do with him as a citizen of great value to the State; and who, when he falls wounded, is to be cared for by order of the nation. That day is coming, and let us hope rapidly, but it can only come when the Medical Service itself fully appreciates its rôle and remembers that, however attractive and charming may be the life of the Civil Physician, who enters the home of his patients and simply orders a treatment to be carried out by affectionate relatives, the duties and the lifework of the Soldier-Surgeon must be completely and entirely different. Not only must he order treatment, but he must see to his order being carried out in distant stations; not only must he prescribe drugs, but he

must see the drugs are there on the battle-field ; not only must he direct food to be given, but he must see that the food is forthcoming, even in the desert ; not only must he instruct the orderly, but he must see that the orderly obeys him as a soldier. All this differentiates him largely from the Civil Physician, working in peace, trained it may be in the same medical college. The lives of the two men are absolutely divergent, and the common title of Doctor given to each is wholly misleading in the case of the Military Officer. Not all the surgical knowledge of a Brodie or a Ferguson will take the convoy of 200 wounded soldiers from Kabul over the snowy Pass of Lataband for two hundred miles to Peshawar. Not all the medical science of a Jenner or a Watson will ensure that in the great Base Hospitals of war every one of the hundreds of patients is seen, and carefully attended to, cleansed, fed, and cared for on a hostile shore, and shipped for England in all the confusion and turmoil, and oftentimes the selfishness of the base of operations of an army in the field. My dear Civil Brother Physician it is true I was at the same school of medicine with you ; yes, but it never taught me to work in the Soudan square and see that others worked under me, until every man that fell was not only dressed but fed and cared for, and carried for miles off the field to a far away tent hospital. In the crowded war transport, in the Indian camp, in the frightful sights and scenes of a cholera epidemic in the Punjaub, in the torrid heats of Suakin deserts, or in the steaming tropical depths of Malayan forests I do other soldier's work for England, than you who serve her in a civil capacity at home, and I do it far away and alone, often unaided, and far from sympathetic help. Energy, courage, self-sacrifice, devotion to duty, a soldier's heart, discipline to the yielding up one's life under fire, all these are needed. Life with the soldier on the choking march in the burning

Soudan, in the drifting snow and freezing winds of Cabul tablelands, the burning tents in the wide bare Indian plain, all these things shared with the soldier separate me far from you with whom I learned the physician's art. It is true I am a doctor in the civil sense and glory in the fact : but I am a soldier of England too, and for her and her people, I have given all the devotion and all the self-sacrifice she demands of her soldier-sons, and although every man in the army denied me the title of soldier—from the chief at the head to the last recruit that joined yesterday—I reply you are wrong, and you are wrong because you do not know and you do not understand, and I appeal from the army in its prejudice to England and its people to do justice between us, and to say if she denies me the title I have so justly, and I hope so devotedly, earned in her cause. For the army does not belong to the army but to the nation that lies behind it.

It seems necessary to speak thus, because while many in the Medical Service hesitate to claim, and the Military Service objects to yield, the definite status of soldier to the Medical Corps in the field, war efficiency can never come. One feels that if the English nation once fully understood the responsibilities and the duties and the work of the Soldier-Surgeon, she would in her wisdom at once grant all that justice demanded, and all that the claims of efficiency needed to help on good work in war.

For it can never be forgotten that it is England—the Nation—that loses most in any friction and disagreement of the contending elements in her army. What she wants is success in war, and the due care of her fighting children, and if that success is interfered with, as often it surely is, and that the due care of her torn and wounded sons is defective because integral parts of the army may be at issue : she may well cry, "*A curse on both your houses,*" and herself end or mend the matter.

While success in modern war consists in rapid movements, swift marches, thorough pursuit of a broken foe and an army mobile and capable of being thrown in any direction against the enemy, the sick and wounded cannot be cared for by their own battalion arrangements. They must fall into other hands, or they impede to an intolerable degree the mobility of the troops, and in fact ensure defeat.

Those other hands to whom they fall are to-day the Medical Corps, which in every modern army is gaining a more or less complete military autonomy.

If that Corps is to be efficient, it must be organized and drilled in peace for war. The definition of rank must be complete to ensure its own internal obedience, and the social equality of its officers with other army officers. Uniform, internal organization, a fixed routine of work on a military basis, are all needed to successfully carry out a purely military duty of gathering in, caring for, transporting and embarking the wounded of the army over hundreds of miles of hostile country. Hence, you must give your Doctors a military status, and a military organization if they are to be responsible ; and if not, the logical method is to replace them if you can by pure soldiers, and then see how the machine works.

But the work is so technical, so involved in every movement with weak and failing human lives, that only technically trained men can order and govern a technical corps doing technical work. It is unfortunately true, that a part of the army refuses to acknowledge any status or any military position for the Army Surgeon. If they attempt to drill in peace for war, it is a matter of ridicule, and class jealousy may be carried to an extreme extent, paralysing in a great degree the efficiency of the military machine and doing absolute injury to the nation's interests.

Military Surgeons who are so only in name, and whose

true position is in a brougham in Western London, can join in with this military prejudice or ignorance. They can loudly state that they only are really doctors, that is to say, Civil Physicians healing the sick, and they fight against all drills, all fixed routine, all active and rigid discipline which trains for the field, and they can in fact largely handicap the struggle of the Medical Corps towards war efficiency. They desire to stand well in with the ignorant prejudices of inexperienced or biassed or class-ridden men, and develop a passive resistance to any lines of active medical progress.

All this while, perhaps, pleasant for them in peace, is failure to the nation's army in war, and the very soldier who stopped progress by prejudice in peace may die uncared for in war, purely as the result of his opposition to medical progress. It is then for the nation to cut the gordian knot, to solve the problem, and to clearly lay down the rights, the duties, and the responsibilities of each section of her fighting machine, and see these rules obeyed.

To my mind the crying need of the English Medical Corps is a purely military organization as in the Royal Engineer Corps.

All the war units of Bearer Companies and Field Hospitals should exist in peace, be as well drilled and trained in its war routine as is a battery of Artillery, and we could then go to war with some certainty of success ; whereas to-day when Field Hospitals are merely paper organizations and, Bearer Companies mere expressions in a book, absolute risk of failure stares us in the face in any real campaign.

Our medical mobilization is so defective, so unreal, so much a thing of paragraphs in a code, completely divorced from practical experiences and peace trials, that one looks forward with absolute dread to its being put to the test in the hurry and confusion of imminent war. The great outcome of the new system of field medical arrangements was the Field Hospital,

that is to say, the unit which takes over the care of the wounded men of the Brigade and the Division on the battle-field.

A more important unit bearing on the comforts of the wounded private soldier does not exist, yet we never see one in peace ; they are detailed on paper only. It is the joke of the Medical Corps in India that no one knows what such a hospital is like, for none know how to pack it up, or pitch it, or strike it, or how to make it work with an army in the field. The medicines are in a *depôt* far away. The tents are in a distant arsenal, the transport is non-existent so far as the Medical Corps is concerned. The *personnel* in India is a fortuitous concourse of atoms gathered in in a hurry from the four winds of heaven, ignorant, untrained, undisciplined followers of the meanest physique and woefully hungry-looking.

With these wretched materials, with no training, no drill, no settled order of work, the curse of the column, always late, always in the way, one is pushed into the field to deal with the life of the dearly obtained, and with difficulty recruited, private soldier of England. Can anything be so painful, and yet, whom are we to blame !

Some narrow-minded soldiers hinder and oppose our drill in peace, push us out of the army circle, forbid us to be soldiers, put every difficulty in the way of our being efficient in a military *sense*, fight about our rank till life is made bitter as gall ; but we seem to have a fearful vengeance in the end, for this hospital is in the way of all his active movements in war, is always late in moving off, stops his passage in narrow defiles, and effectually handicaps the army. Nay more, if this soldier falls on the field, he has no resource but to fall back on the same hospital, this shaky organization which his prejudice has kept inefficient in peace, and which now with the irony of fate becomes his death-place on the battle-field.

In this trying state of things, this terrible organized inefficiency, in this frequent friction between the officers of both

sides, it is the nation as represented by the private soldier in the ranks that comes to grief in the matter. For the sick officer there are soldier-servants, money, and many aids to conquer his discomfort, but the private soldier is the real sufferer in this lamentable working at cross-purposes, and the question is how long is this to go on, and is there none to appeal to to secure efficiency?

So late as 1890 one could see here, in India Field Hospitals working, or attempting to work in the field. No words can express their inefficiency—their feebleness, the powerlessness for work, the unreadiness in any emergency, the paralysis of working-power they showed. Cursed by the column for their straggling, their lateness in falling in, their cumbersomeness, their always-in-the-wayedness—what would have happened to them if there had been a European enemy or any real fighting!

But it is not fair to blame the Doctors; they are not gods, nor miracle workers; they are men, like other men, and they cannot in a few weeks give cohesion and form and discipline to the frightfully discordant and hopelessly inefficient elements given them as *personnel*.

We want above all things, training in peace for war—to be joined to our men by a common title, that we may rise with them as they rise, and fall with them when they fall. We want Field Hospitals in every garrison, worked by the garrison Doctors and kept ready for use in the field, and practised at all field-days.

It seems dreadful to hear Medical Officers talk openly of failure and break-down, and make a joke of what in the end means death to the wounded soldier; yet no one seems to listen, and between soldiers who don't care and Doctors who have given up caring, and even hoping, where are the elements of progress?

The answer is in the nation's heart and in the Parliament of England, and in the common humanity and good sense

of the people. Things cannot go on as they are, and the only remedy is the pure militarization of the Medical Corps, exactly on the lines of the Royal Engineers, and its training in full in peace for its work in war.

No drill book, no clear routine for guidance, no definite code of internal rules exist as regards the Indian Field Hospital internal working, and it is as an endeavour to codify my personal experiences in the field that I have put together these paragraphs to strive, if possible, to help those Officers whom fate has fore-ordained to undergo that heavy labour, *viz.*, the command of an Indian Field Hospital in an active and severe campaign. War experiences in Malacca, two years of constant campaigning in Afghanistan, the dreary marches up and down the Cabul-Peshawar Road, service in lonely camps outside Suakin, and more recently my experiences in an petty Indian border campaign have all in their turn acted upon me and driven into my brain certain lessons gained by experience, and these I offer—in the absence of anything better—to my comrades of the Medical Corps. If it helps them in any way in their killing labours, it may tend perchance to save the life of that man who suffers most by our inefficiency, *viz.*, the much sought-after, and with difficulty obtained, private soldier of the English army whose Field Hospital in India is a paper organization, stored in an arsenal, and which we never see till the day of battle. The mistakes I have made are chronicled here for others ; the systems I found useful are recorded to be copied or avoided as may seem best to the Officer dealing with like conditions. It is only by building up by personal experiences that one day efficiency may come.

In an important chapter I have dealt with the Bearer Company work in front of the enemy, a duty still very weakly organized in the Indian Army, and needing careful study to see if it is really fitted for war work.

THE FIELD HOSPITAL OF THE INDIAN ARMY— ITS ORGANIZATION AND WORKING.

CHAPTER II.

SIZE OF HOSPITAL AND COMPLEMENT OF BEDS.

An Indian Field Hospital is organized for 100 beds. This implies a *personnel*, including patients, of nearly 300 persons, and is to my mind too large for a working field unit in India.

I would prefer 50 beds as a more useful size and more easily *mobilized* from one station or district.

My idea is that it should be possible to have at all times ready for field service a 50-bed Field Hospital or more in all the larger district head-quarter stations in India. To mobilize such hospitals would not be great trouble, and it would not greatly interfere with the working of the local Station Hospital from which the staff of the 50-bed Field Hospital came.

I propose this method, because it seems to me to be essential that we localize our hospitals in peace and mobilize them in one place complete in *personnel* and *matériel*. According to this arrangement a 50-bed Field Hospital would be mobilized, say, at Meerut from the Meerut staff and subordinates, and under the orders of the Meerut Principal Medical Officer, and he should be responsible for it in every way.

When complete in every detail, it would be entrained for the place at which its division was mobilized; but should always look back to Meerut as its *depôt* and headquarters, draw its needed reliefs from Meerut, send its sick attendants and orderlies back there, from the front

and return there after the war was over, to be demobilized, and its staff to return to duty in the Meerut district from whence it came, and its equipment to the Meerut local stores. This system would enable very perfect arrangements to be made locally, to have everything ready for rapid mobilization, and every quarter or every six months, official lists would be published of the *personnel* of the Meerut Field Hospital ; it could at times be regularly paraded and drilled, and Officers, Warrant Officers, and men would know that they would go on field service together as a unit. With any reserve system such localization is essential. Every district head-quarters could mobilize at once one or two or three of such 50-bed Field Hospitals, and the moment one was completed and sent off arrangements could be made to begin mobilizing a reserve one ready for emergencies. A 50-bed hospital would fit in very well to an Infantry Brigade ; and as 50 beds of a Field Hospital is the usual hospital unit at posts on the line of communications, the proposed 50-bed hospital would suit very well there.

A 100-bed Indian Field Hospital is very unwieldy to move—can rarely be all together, in one camp, the personal influence of its chief, can rarely extend over such a scattered unit, and accounts, returns and pay questions are complicated by its size. A 50-bed hospital, if complete and filled with patients, has a *personnel* of not less than 150 persons, and can be made a very handy unit in our border or Afghan wars. The great point, however, is that a 50-bed Field Hospital can at any time be mobilized out of a large head-quarter Station Hospital in India, without in any way paralyzing its working, but a 100-bed hospital takes away a large number of the staff at once, and is a certain wrench on the institution from whence it comes. As General non-mobile Hospitals are also built up by 50-bed units,

it would be possible to send such 50-bed segments complete from one station to the place where the 500-bed General Hospital was forming.

I cannot but think that our present system of scattered mobilization, which brings together Officers, Warrant Officers and men from scattered stations all over India, is tedious, liable to break down, impossible to work with any army reserve system, and is far too centralized, throwing the whole weight of rapid mobilization on the office of the Principal Medical Officer of the Army at Simla, and letting the P. M.O.s of districts be quite free. The very reverse is what would suit better. Leave Simla free from all detail questions, and force the local Officers in the districts to be fully responsible for the mobilization work, giving them general rules as to mobilization procedure, and holding them responsible in every way.

The only function of the central authorities on the declaration of war would be to telegraph the word "mobilize." This should set the machinery of the districts in motion without further delay, and leave Simla free to deal with newer and more urgent matters that cannot be foreseen or arranged for. For limited expeditions, where only a few Field Hospitals were needed, the districts should be on a roster, and if the Peshawar district gave a Field Hospital to a campaign in 1891, then Rawal Pindi should give one in 1892, and so on throughout the Presidency. Such a 50-bed Field Hospital breaking up into two divisions of 25 beds each—and these again dividing into four sections of 12, 12, 13 and 13 beds each, would be a very handy unit. It is essential to be able to sub-divide the 25-bed section into at least half that size to meet the constant demands made upon the medical department in the field to provide hospital aid for small detachments of a couple of companies. In our border wars this is highly essential. There is no difficulty in laying

down such sub-sections ; the only real hindrance is the want of suitable establishments of attendants, &c.

With 50-bed Field Hospitals coming from separate stations or districts it would be perfectly easy to group them together in any larger form, say, for 150 or 200 or more patients ; but the *personnel* and *matériel* would belong to the 50-bed groups, and these groups would be like companies in a battalion or batteries in an Artillery Division. The central authorities should post a Medical Commanding Officer of senior rank to control the grouped 50-bed units, and an Adjutant should be also posted, leaving the 50-bed unit staff to do its own interior work, and, if needed, to march away to any place complete with its own *matériel* and staff. Such a Field Hospital column could be mobilized to any needed strength, but would divide and separate without trouble to the Officer in charge of it.

I would suggest, then, 50-bed Field Hospitals, capable of dividing into four groups, and capable of being concentrated with other like units to any strength.

Present System of Mobilization.—At present Medical Officers are detailed for Field Hospitals from Army Headquarters, and Officers may be collected from stations as distant as Calcutta and Rawal Pindi for the same Field Hospital.

Warrant Officers are similarly collected from stations as far apart as Attock and Lucknow ; and, as a result, there is no cohesion and no defined method of work at first in a Field Hospital, that is to say, at the beginning of a campaign, leading to intense confusion and trouble, and utter risk of break-down.

Pack Store Sergeants and Writers are also thus mobilized.

The hospital native sick attendants are also gathered together from all quarters in driblets, and amongst them

there is little or no cohesion, and the comradeship and friendliness that could exist in definitely organized district units is absent, nor is it possible to know who are good men, nor who bad, until trouble and confusion occurs.

The Purveyor's establishment, now called Hospital Store-keeper's establishment, is now similarly gathered together from all quarters, but it is not a good system, and I strongly recommend and advise defined district localization and mobilization with peace practice, and frequent drills as a unit.

A Field Hospital going to war from a certain station and calling itself No. 1 Meerut Field Hospital—or No. 2 Lucknow Field Hospital—has about it a certain definiteness, and its career can be watched and its doings noted far better than any hospital with a mere number and a *personnel* gathered together from every corner of a presidency. The same remarks apply in a lesser degree to hospital equipment. This equipment is now stored at a few central commissariat depôts, where it is not seen by Executive Medical Officers or by Medical Subordinates, and they know little or nothing about its character. What is wanted is a great decentralization of Field Hospital equipment. Every large garrison should have its own Field Hospital equipment stored in that garrison and in custody of the Senior Medical Officer of the Station Hospital through his Senior Apothecary, acting as Quarter-master. The medical stores, tents, ordnance stores, military works stores and commissariat equipment should all be packed and stored away in a house or store-room specially built in the ground of the Station Hospital. The Medical Officer mobilizing a Field Hospital should take it over from the Senior Medical Officer of the Station Hospital, and on return give it into store again at the same place. This would occupy little space, and be of much advantage. In mobilization every

hour is of importance, and with this system of decentralization much time would be saved. All the staff of every kind should come from the district of the Principal Medical Officer directing the mobilization, so that they might know each other, and have trust and confidence in each other.

The only thing that should need to come from outside might be the animal transport, but even this could be arranged for locally in many places.

When a Medical Officer now begins to mobilize, he has to gather his medical stores from a distant dépôt, his ordnance stores from a far away arsenal, and his other equipment often from distant sources. All this means delay, and delays are fatal now-a-days in any campaign; the best place to begin to mobilize a Field Hospital is in the grounds of a Station Hospital, and there open in a tent a Field Hospital Office. Let the attendants, as they join, have their tents pitched, and let a regular hospital camp be started. This familiarizes every one with the camp idea, and keeps them together from the first.

The Medical Officer on arrival reports himself to the P. M. O. of the district, then gets permission to use the grounds of the Station Hospital, and there hoists his red cross flag and begins mobilizing work. He should pitch an office tent and fix an office hour, and he will be kept hard at work for days in getting his Field Hospital ready.

It will take not less than ten days to mobilize a Field Hospital even if everything is ready, and extra days must be allowed if the equipment is distant.

A rough outline of the mobilization work might be as follows :—

A TEN DAYS' MOBILIZATION SCHEME FOR FIELD HOSPITALS.

1st Day.—Arrive. Report to P. M. O. Arrange with

S. M. O. Station Hospital to use its grounds to mobilize in and pitch camp, and open office.

2nd Day.—Warn Ordnance, Commissariat and Military Works Department by letter, of place where stores are being collected.

Take over staff as they arrive. Explain outline of system of mobilization to staff. Apply for Hospital Guard 1. N. C. O., 6 men, and 1 bugler.

3rd Day.—Draw tents from Ordnance. Apply to Transport Department to hand over *doolie* bearers, and with servants pitch camp or portion thereof. Post guard.

4th Day.—Receive over medical stores and check all boxes by list. Practice establishment at tent-pitching, folding and striking. Have parade for Field Hospital, and drill them at this work morning and evening.

5th Day.—Take over transport, including *doolie* bearers and muleteers. Have medical inspection of them. Parade morning and evening. Evening parade for loading drill on camels or mules. Inspect ponies of medical subordinates, also saddlery and horse equipment.

6th Day.—Draw Military Works equipment. Parade morning and evening. Pay Documents of staff to be verified and examined. March out in afternoon with transport loaded as for the field. Warn Chief Staff Officer of the size of hospital camp in the field. Warn for daily guards, also for daily fatigue parties on the march. Warn for space needed in camp for hospitals—50 yards front for 50 beds—and 150 yards depth, add ten yards frontage for every ten beds—say, 100 beds. 80 to 100 yards frontage—depth the same throughout.

7th Day.—Inspect kits and equipment of Officers, Warrant Officers and men. Weigh all articles, and see that no excess is carried. Parade morning and evening. Drill at tent-pitching, striking and loading.

8th Day.—Drill morning and afternoon. Marching order parades. Every Officer and all subordinates in full Marching Order, kits loaded, and all ready for the field. March out six miles, and pitch camp, and return.

9th Day.—Inspection by District P. M. O., who should see everything from *personnel* to *matériel* and satisfy himself of its completeness and, perhaps, by General Officer.

10th Day.—Report to P. M. O. all ready and entrain in afternoon.

This outline of work must, of course, be varied under certain conditions, but it may serve as a rough guide to the character of the work needed. If time presses, link each two days into one day and so hasten matters.

Everything points to the absolute need of an early taking over of *personnel*, and the establishment of an office, as without the *personnel* no fatigues can be carried out, nor supplies nor stores drawn. The fatigue parties must come from the hospital *personnel*, hence the need of early drawing of that *personnel*.

CHAPTER III.

PERSONNEL.

HAVING thus far dealt with the general question of mobilization, we now turn to the *personnel* and *matériel* mobilized, and may deal with both in order of importance, beginning with the Officers.

Mobilization of Officers and their Equipment.—When Medical Officers are mobilized for war, on arrival from their peace station they report themselves to the District P. M. O., who hands them over to their future C. O., the head of the Field Hospital, for duty.

It is necessary to enquire into several points concerning the Officers sent for duty. Thus, physique is of great

importance, and no Officer commanding a Field Hospital can ignore defects in his Officers on this head. Take for example, good eyesight. From need of good eyesight in a Doctor a Field Hospital may be awfully handicapped and be in everybody's way.

Everyone knows how in one of our heaviest campaigns the Officers in charge of two Field Hospitals were practically useless from bad eyesight. Inability to ride is also a great handicap; and it is to be remembered that the Aldershot training is often very meagre on this head. By practice at field-days in peace riding would be better.

Equipment.—The Dress Regulations of the Indian Army lay down the Field Service Dress—a capital dress when one remembers how defective the old army was in this matter. The khaki-covered helmet has no ornaments. The field service khaki cap should be of serge and not drill, as drill soon soils. The shade of khaki should be fixed by order and regulation for the medical service; it now varies very much owing to the scattered mobilization from distant stations. Spinner & Co., Bombay, supply Leehman and Gatty's Fast Dyed No. 1 Shade, and it is the average colour in use. Permanently dyed khaki should of course be used. Khaki should be loose and made to fit over warm European clothing. It never is so made, and the tight collar is the difficulty in my opinion. If the collar could be made loose and easy, all would be well. The sailor pattern open collar would suit well. A good tasteful design of this kind is much needed.

Bedford cord breeches with Elcho field boots are the common wear, but khaki serge putties and ankle boots are, in the end, the most serviceable. Poshteens of sheepskin are much used as great-coats in mountain warfare. A good one costs about Rs. 30 (thirty) on an average in the Peshawar Bazar. For winter campaigns poshteen boots of

sheepskin to wear over one's feet in bed are very useful and warm—the cost is nominal—and the weight very light. Cost, about 4 rupees per pair. They would suit the sick very well.

Canteens.—Insist on every Officer having a canteen. It is the order in the Queen's Regulations that Officer every is to have one, but the order is never enforced in peace, and great trouble results. Officers join you on the frontier with no means of cooking their food. Over and over again I have known this neglect occur. The canteens can be purchased at Bombay for Rs. 20 or so. Medical Officers are so constantly detached alone that to be without a canteen is a fatal omission. They should be shown at annual inspections in place.

Saddles.—It is essential that all Officers mounted in the field should *not* use hunting saddles. The new universal Staff pattern saddle for field service (hunting with panels) is essential. The plain hunting saddle carries nothing—gives sore backs—and is itself torn in pieces if any heavy article is fastened to it, and is in every way unsuitable. The panel saddle costs a little more—say (Rs. 80) eighty rupees; but it is absolutely essential, and ought to be a compulsory article of equipment for all Officers. Compulsion and inspection in peace for war is the only remedy in many of these equipment matters. Officers are so utterly careless at times, that only compulsory methods are of use. All Officers should purchase it on joining and have it always in their possession.

Horses.—Great laxity also exists about Officers' horses, and they are never inspected in peace. This also needs remedy. A horse of the type used by Officers of Mountain Batteries is the best class of animal for frontier campaigns. Spare horse-shoes and nails should not be forgotten, if trouble is to be saved. Every Officer should carry

a spare set. Intense difficulty exists in getting horses shod in the field.

Pocket-Cases.—A definite order is needed, making it compulsory to carry the pocket-case in a leather case on the Sam Browne belt in the centre of the belt behind. Officers and Warrant Officers should so carry it. The revolver always needs a khaki cord lanyard. Revolvers have been frequently lost for need of this cord. One need not refer to water-bottles and haversacks, both so much needed, and both often deficient.

Servants.—On the efficiency of one's personal servants health and fitness for work in war largely depend. A good cook is very important. Medical Officers are allowed one personal servant and one syce each. So far so good. But they are allowed half an extra servant and half a grass-cut. This is puzzling at first. It would be better to say, every Officer is allowed three servants including syce. This would make the Officer independent, and he could make his own arrangements for his own servants, in his own station. In the same way Officers are allowed half a pony between each Officer in addition to the ordinary baggage allowance, but this is a difficult matter to carry out. With scattered mobilization and with no means of arranging between Officers from distant stations who is to provide the pony, it would be better to allow each Officer a pony to himself, but only give half the forage allowance as at present to each Officer. People soon learn how to eke out rations and forage in the field. With our scattered mobilization it is impossible for Officers to make arrangements to share any servant, or any pony, or any tent with any person. The individual should be made a complete and independent unit in himself; for one is so moved about in war that all joint arrangements fail. This applies in the most marked

manner to Medical Officers who are few number, constantly detached, very liable to fall sick, very difficult to replace—and they should be taken care of.

MEDICAL WARRANT OFFICERS—THEIR MOBILIZATION AND EQUIPMENT.

Great care is needed in checking the equipment of Medical Warrant Officers. They often are deficient of important parts of their outfit. Great-coats and field equipments generally are often wanting, greatly injuring their efficiency on service.

This arises from want of definite kit or equipment inspections by their Commanding Officers while doing duty in Station Hospitals, and from defective inspection by P.M.O.'s

It is too late at the outbreak of a campaign to provide for deficiencies; only constant regular inspections in peace by Inspecting Officers will secure readiness. Warrant Officers have joined me in mountain campaigns without any great-coat whatever—this means pneumonia and death.

Pocket-cases are lent by the State to Apothecaries for each campaign. It would be better to issue these cases definitely to all such individuals and let them keep them in peace and in war. They should be carried on the Sam Browne belt in a leather case and worn in the centre of the back behind. Canteens are much needed for Warrant Officers. These officials only receive 40lb. allowance for kit—the same as a private soldier, and no allowance is given for cooking utensils, although a private soldier's pots are carried. They need about ten pounds extra for a canteen. These essential articles, of suitable small size, can be bought at Treacher's, Bombay, for about 15 rupees or so. A sealed pattern Warrant Officer's canteen is much needed for field

use, and it should be shown at all inspections like the remainder of their kit every year.

If they don't have regular canteens, there is the constant tendency to utilize the Field Hospital equipment utensils, and this causes trouble and inconvenience to the sick, and should never be allowed. It is of continual occurrence, and must be so until every official is provided with his own canteen.

Horses and Riding.—Of the riding of Warrant Officers I could write pages. They ride wretchedly, as a rule, and it is a fatal omission not insisting on this most needful accomplishment for these officials before promoting them to Assistant Apothecary rank. It handicaps their field efficiency most awfully, and is really an urgent matter that they be taught. A lazy, idle, Apothecary may urge his ignorance of riding as an excuse for not doing his duty on the march. They also need the grant of Government saddles, as they cannot afford to buy these articles themselves. A saddle like the Mountain Battery Sergeant-Major saddle is the type to be copied.

I would like to see these Warrant Officers mounted by the State, as the allowance they receive for up-keep of their ponies is very defective, and they rarely have funds to buy ponies. Given ponies and saddles by the State they would be doubly efficient.

They also need one personal servant each, instead of a half servant, as they are constantly likely to be detached, and servants cannot be divided, and if they are not fed they get sick, become useless, and retire to the base.

Pack-store Sergeants and European Writers, &c.—These men are obtained from regiments, and come to us untrained and ignorant of their special line of work.

It would be advisable to give these N.C.O.'s and men swords and revolvers instead of rifles; returning their rifles to their regiments.

The defaulter sheets of these N.-C.O.'s and men should pass over to the Medical Officer in charge of the hospital as the men pass under his definite command while attached to the hospital. They are rationed by the Medical Officer of the Field Hospital.

A Sergeant to act as Quarter-Master Sergeant, and to be in executive charge of the camp equipment is much needed. The care of the equipage, barrack, and ordnance stores needs a good man, and the laying out of the camp, the camp sanitation, and the pitching and striking of the camp, all need some responsible person for this duty. Such a Sergeant would be a real boon to any Field Hospital. For want of such men the technical staff is often overworked.

Hospital Storekeepers.—I regard these Storekeepers as the weakest element in our hospitals in the field. They are so unsoldierlike, so lax in discipline, and being Hindoo Baboos are so prejudiced about classes of work, that they are in many ways a weakness instead of a help, while employed entirely for the English soldiers' comfort; their caste prejudices interfere with the full discharge of their duties. They need uniforms, drill, and to be handed over in peace to the Medical Department and to be mobilized for war by the Medical Department and not by the Commissariat Department.

Mussulmans are the best men to have, the readiest and the strongest ; the Hindoos are not so fit for our class of border wars at present. It is fatal to allow Hindoos with caste prejudices to be attached to a European soldiers' hospital. Although forbidden by regulation it constantly occurs, and in the field is very inconvenient in every way. I have, over and over again, had Storekeepers sent to me in the field who declined to touch or handle the soldiers' meat ration, that is to say, the food of the soldier for whose help they are employed.

If the Storekeepers came over to us, then all their staff would come over also, and all would belong to the Army Hospital Native Corps. This is the final and only solution of the present indefinite position of the hospital establishments in India. All Storekeeper's servants should have gone through a course of hospital service as ward orderlies, and having learned to care for the sick, be then promoted from that post into the Store Department of the hospital. This would prevent men with caste prejudices entering the Store Branch of the Medical Service. The six tindals and tent lascars now supplied to a Field Hospital should be withdrawn, and an equal number of ward orderlies sent in their stead who could do *khalassi* work, if needed, but who would also attend on the sick, if not needed otherwise. This would be a great help in the routine of the hospital which is now entirely undermanned. The tailors' work in a hospital is simple; they also should go through a course of hospital training, and should come from the Hospital Corps to be tailors. Simply, no man should be in or about a Field Hospital who will not in emergency aid the sick. This principle once laid down progress may come—but on no other basis.

Mussulman *dhobies* are not difficult to obtain—if they came to us, they would be a great help—if not, sweeper *dhobies* of the *mehtar* caste would do. The present Hindoo *dhobie* is a wretched creature in every way, physically very weak, and quite undisciplined, and they die off very easily in mountain wars. I think all these men should come from the A. H. N. C., and should go through a course of hospital training in the wards, and should be entirely under the Medical Department in peace as in war.

I would like to see the appointment of Storekeeper thrown open to men who had passed through the A. H. N. C., and who would give security for their honesty as the present.

Storekeepers do. The moment it was known that such posts were open to the ward orderlies, better men would come to that duty, and it would greatly improve enlistments.

The Army Hospital Corps.—The time has arrived to deal fully and finally with the Army Hospital Native Corps. No words can exaggerate their absolute inefficiency, ignorance, feebleness, and utter slackness. After visiting eight or ten European armies, I have never seen in any army anything to approach them for hopeless uselessness: underfed, underpaid, undrilled, senile, rickety, tottering—a more utterly Falstaffian Corps does not exist in any army; and it is to these wretched men, the care of the valuable English soldier is committed in war time.

It is simply deplorable that such should be the case, and the commonest justice requires these to be better paid and more fully fed. Chronic hungriness seems to have enfeebled their physique, and they have not strength for any fatigue duty—not even to pitch a tent with any celerity.

Their pay-rate is so small that it only appeals to the refuse of the bazaars—a terrible gang of inefficients employed to care for the English soldier when wounded in a foreign land and far from English help.

They should be made sepoy and not left as followers as they now are. They should be drilled, armed and trained in full as sepoy—as well as being Hospital Corps men, just as the ward servants of the Native Regiments have been made ward orderlies, so should the ward servants of the A. H. N. C. Their present position is most unsatisfactory, and the Medical Officers have no confidence in them whatever.

The present ward sweepers should be made ward servants, and be also armed and drilled.

The cooks also should be taken from the ward orderly class, and be likely to revert there in case of neglect or indiscipline as cooks. This would abolish the cooks as a

separate class in the Corps ; every man of which should know elementary cooking.

There is no reason why Mussulman watermen should not come from the ward orderly class, nor sweepers from the ward servant class. We should set the example to India to raise these depressed classes.

Excellent orderlies come from the *bheestie* or waterman class—and some of the very best sick attendants I have known were sweepers by caste—although not actually employed in sweepers' duties. They are without prejudice, and as ready for work as a European orderly. They are physically very strong, very willing, and get on well with the soldier.

The A. H. N. C. should be dressed in khaki cloth in winter and not in blue, and in khaki drill in summer. The red and blue *pugris* should be replaced by a more definite colour for the Medical Department—say, black and red or black and yellow.

Their pay needs to be raised to the sepoy standard, and cooks paid extra pay above that standard while doing cooks' work. At present they contain many aged and feeble men who are unfit for the field, and their pay is so small that they are weak from underfeeding.

The number of such men is quite insufficient in a Field Hospital. Five ward servants per section of 25 sick and wounded Europeans are quite insufficient. If the *khalassis* were taken from the A. H. N. C., this would give a slight improvement, but at least ten men per 25 bed sections are needed, not counting head ward servants, of which two per section are needed. The work cannot be done with less than this amount, and sooner or later it must be given. The conservancy sweeper should be replaced by a disciplined servant mobilized by the Medical Department. We should send only disciplined men into the field.

The Medical Department should do its own work and mobilize all its own *personnel* quite independently of any other department. To-day, we throw nearly all this work on the Commissariat Department.

Dandie Bearers or Kahars.—Without these men the Field Hospitals could not work. On their strength, discipline and training depend much of the efficiency of the machine. I regard them as inefficient and unpracticable for present field work in war on the mountains.

First comes the fact of the divided authority over them. This is fatal to any real discipline.

They belong to the Commissariat in peace and to the Medical Department in war; they stand between two stools and, certainly, serve both masters indifferently.

Although they form the Bearer Companies of the Medical Department, they are men of caste prejudices, will not nurse European sick, and are of no use to the Medical Service in an emergency. In other countries, as in England, these men are a technical reserve from the Medical Department, but it is not so in India. In fact, when one sees the number of men in an Indian Field Hospital, one imagines there is a good working staff, but on enquiry it is found that such is not the case. Caste prejudices and enlistment by classes tend so to sub-divide the *personnel* that, in the end, the men who will nurse the sick are a mere nothing amongst the rest.

The Kahars are Hindoos who will not give a European a cup of tea nor a basin of soup. They are largely vegetable eaters and die of pneumonia in the Afghan winter unless carefully tended. They carry the sick mainly by use of their shoulders, and hence the *dandie* can only be utilized by specially trained men whose shoulders are hardened.

Their class of work is disappearing in civil life in India,

owing to the spread of railways and wheeled transport, and the whole question concerning them needs to be reconsidered in the light of existing conditions, and the character of our recent and future wars in trying climates, and in mountain countries very different from the plains of Oudh and the Grand Trunk Road.

I would fain take over the Kahars into the Army Hospital Native Corps, and enlist only men of good physique, who will go through a nursing course, and all that such a course implies in the way of caste prejudices.

The Kahars would then be the Bearer Companies of the A. H. N. C. and would be our own men in peace. I would build barracks for them near the larger Station Hospitals, and organize them by companies for field work.

I would abolish the *dandie* for the front line of the army and replace it by the field stretcher which can be carried by any man of good physique, while the *dandie* needs a special training and a special class on account of its dreadful pole.

By allowing four men to each stretcher at one time and two as reliefs, one could carry the wounded on a stretcher over long distances.

The *dandie* is also unportable, cannot be folded up or carried on a mule, and is in every way an encumbrance to the army. Let us get rid of it for all our non-Indian mountain campaigns, replacing it by a field stretcher with a hood and apron.

By utilizing the army reserve system we ought to be able to mobilize our own men locally and not have to fall back, as we constantly do, on the already overworked Commissariat Department.

Even if the whole body of Kahars was not given over to us, a Bearer Company of the same amount of men as is allowed for a Field Hospital, *viz.*, 126 bearers with mates,

should be kept constantly mobilized and under medical command at the head-quarters of every district, ready for war, and completely ready to absorb and to train any further levies raised for any campaign. This would leave a large number of *doolie* bearers still with the Commissariat Department, and they could work with *dandies* on the line of communications ; while in the extreme front of the army with the fighting line would be the disciplined Bearer Companies of the A. H. N. C. definitely under the Medical Department.

This system would be a compromise and would, at any rate, be a vast improvement on the present defective system.

No words can exaggerate the trouble and difficulty of the present systems on any real campaign, say, like the Afghan War of 1878-80, a break-down in the transport of the wounded is certain to occur unless fully dealt with in peace beforehand.

European Nursing Orderlies.—With every 100-bed Field Hospital there should be 12 private soldiers posted as orderlies to nurse the sick. Twelve men would give three men per 25-bed section, and they would be a tower of strength to the hospital and greatly aid the medical staff in their work. They should come from a battalion not in the field, but belonging to the garrison army. They should join the hospital as they would any other unit, and come completely armed and equipped for the field. In many of our border wars, where only small numbers of troops are employed, a down-country battalion in an easy garrison could well spare a couple of dozen men : volunteers for the campaign. Such men would join the hospital on mobilization, act as nurses, fatigue men, escort on the march, and general helpers in the hospital work. For caring for the wounded they are absolutely essential, and it is absolutely impossible to care for the British wounded without them.

A very good corps could be made from Eurasians for this purpose.

The number of men so needed is inappreciable in its smallness, and yet it means life or death to dozens of wounded men who cannot be cared for by the native orderlies.

A dozen men, such as those in a 100 bed hospital would be a tower of strength to the hospital, and would earn their rations and their transport, over and over again, in the good work they would do. It is deplorable that we should be without this help.

CHAPTER IV.

NOTES ON EQUIPMENT OF FIELD HOSPITALS.

THE equipment of Field Hospitals is not during peace, in the custody of Executive Medical Officers who have to use it in war. In fact, they never see it in peace, and the Warrant Officers and men of the A. H. N. C. are equally ignorant about its character, contents and loading. This means confusion when war breaks out, and great wear and tear of the lives of the medical staff. Their Warrant Officers and men know nothing of the *matériel* to be handled, the Officers know nothing of the *personnel* who have to do the handling. Can anything be worse than this? Surely, the English soldier serving in our Indian wars deserves to have better attempts at hospitals than this provided for him.

Every Station Hospital in India should have its field mobile equipment stored in the hospital building ready for use, and in constant practice with it at drills and parades, at which they should appear as regularly as any other army unit. We now draw our equipment when a campaign is imminent from the—

- (a) Medical Store Department ;
- (b) Ordnance Department ;
- (c) Commissariat Department ; and
- (d) Military Works Department.

Let us glance at the equipment by the above classes.

Medical and Surgical Equipment.—Five mules in every 25-bed section carry medical and surgical equipment—that is, four pairs of medical boxes and one pair of field panniers. The Field Hospital boxes have one great failing, *viz.*, they have to be tied on the mules or camels with loading ropes, and have no rings fixed on the boxes to hook on to the hooks on the transport saddles, as in mountain battery loads, and in all private mule trunks.

The trouble, delay and worry this causes is excessive. One cannot get out a dose of medicine nor a glass of brandy for a fainting man without undoing two ropes, which have to be specially knotted on the box, and are tedious in opening.

What are needed are iron rings fastened on the medicine or other boxes and made so as to fit on the hooks of the pack saddle. This would be a very cheap, but most useful alteration, and would greatly facilitate the loading and unloading of hospital equipment. In rapid moving much time is lost in ropeing up the equipment boxes, and on a dark night it is awfully tedious.

Drugs.—All useless drugs should be abolished and only the most active taken. To carry 7lbs. of cinchonidine is useless ; calumba root is useless in the field. One pound chrysarobine is useless, oils of anise, cajeput and juniper are all in the way—increase the peppermint oil only. Tinct. cardamom is useless. Ditto, cinnamon. Very few drugs are needed, and all should be the very best and strongest ; and all be compressed into tabloids like military cartridges.

In fact, certain diseases occur, and for these there should be ample drugs.

The diseases occurring in war are, as a rule—

Ague.

Typhoid and Remittent Fever.

Diarrhoea and Constipation.

Dysentery.

Pneumonia and Wounds.

If drugs to deal with these are supplied in abundance, then the other demands are not very serious, and need hardly be provided against. Every drug needed can be compressed by machinery into one-sixth of its bulk and be issued to the sick in tabloid form, so minimizing the risk of breakage and reducing compounding to a minimum. No loose drug should cross the frontier in any war. I took quinine to Cabul in 1879 in great glass bottles, as loosely filled as in a London chemist's shop.

In the surgical equipment a scissors to cut tin would be very useful, so as to make splints out of old tin boxes, &c.

Office Boxes Nos. 9 and 10.—These two boxes should be used for office equipment, and half the stationery, &c., carried in each, so that half-sections might take with them one box as an office load for correspondence and writing purposes when the sections subdivide, as they constantly must in our border wars.

No. 11 Box.—Cups, drinking, tin—five are quite insufficient. One per man would be better, and a better class of cup of enamel is now needed. Knives and forks are insufficient. One pair per man is needed; also one plate and bowl per man. Spoons, one per man is needed.

No. 12 Box.—Soap is in excess; omit 22lbs. at least, and let the Commissariat carry reserve of this article. Put in plates and bowls instead.

Nos. 13, 14, 15, 16 Boxes.—Omit port wine and replace by brandy. Brandy alone should be carried by Field Hospitals. Let port wine be kept for hospitals more in the

rear. In the front only the most powerful and easily carried stimulants are needed.

Lime Juice.—Reduce the quantity of lime juice to six bottles per section.

One cannot treat scurvy in the front of the army ; if one had to do so, the quantity allowed (18 bottles) is insufficient. Six bottles might be taken for drinks for fever patients, but even these might be replaced by chemical salts equivalent to lime juice.

No. 16 Box.—Omit all compressed vegetables and fill up space left by essence of mutton. Compressed vegetables are rarely needed in a Field Hospital. Omit all sago ; let its place be taken by compressed arrowroot in packets ; arrowroot compresses beautifully into one-third its bulk. Omit barley and take an extra quantity of condensed milk, so much, and so constantly, needed.

This reduces the medical comforts in a Field Hospital to—

Brandy, lime juice, arrowroot, condensed milk, sugar, extract beef, and essence mutton.

Tea is very much needed ; 20lbs. might be carried. It is a most useful and easily prepared stimulant. It is not now carried, and one has to depend daily on the Commissariat Department who may be, and often are, far in the rear. Tea also can be compressed. It is a most valuable stimulant on a dark freezing night when wounded, are lying about, and the Commissariat supplies are miles in the rear.

Its omission from the Field Hospital stores is a most serious defect.

Loads 19—22.—Blankets to be packed in strong leather or waterproof cloth valises, and not in *suleetahs*. *Suleetahs* soon wear out and let in the rain. Leather valises would be far more useful and lasting.

Loads 23—26.—Omit blankets—black double—25, weight about 220lbs. Supply instead mattress cases. Duck,

25, weight about 78lbs. These when filled with straw or *bhoosa*, are very comfortable, and can be washed easily if soiled, and would be of the greatest use in a hospital. They can nearly always be filled with grass or leaves, and are most useful in every way.

Loads 29, 30, 31, 32.—I would like to see these four loads reconstructed as follows :—Two pairs of mule *kadjawas* to be given to each section in lieu of one pair, as at present.

One pair of these to be wholly for the cooks and kitchen loads, and to contain nothing else but cooks' and kitchen equipment and materials, so that one could hold the cooks responsible for their loading and care on the march, and in camp and no one else.

The one other pair of *kadjawas* per section to contain—

Line gear, mussucks, washhand basins, fomenting - tin, poultice-tin, stool-pan, copper lamp—Orr's—lanterns, poultice tray, and all other articles of the existing loads not belonging to cooking work.

The cook-house load to be equally divided between the two *kadjawas*, so that if the section divides one *kadjawa* for the cooks can go with the half-section. The other pair of *kadjawas* to be likewise divided equally; so that one *kadjawa* can go with a detachment of the section. *A mincing machine is needed with each section.* Axes (felling) for cutting wood are much needed. Two per section needed for the cooks' use, and to be carried in their loads.

It would be an advantage to replace the present bamboo staffs of the small line-gear camp colours by iron rods. They would occupy less space and would need no iron shoeing at the end. The flag could be fastened on to a ring made at the top of the iron rod. The present bamboo camp colour flags easily break and are bulky to carry. The camp lines need to be increased by two more per section, each about 120 yards long.

Ordnance Equipment.—These are composed of—

Tents, lanterns, flags, picks and shovels.

The mountain service double fly-tent is not a convenient tent for sick, although a very good field tent. I find men do well in mountain campaigns in the 160lb G. S. tent. It is too thin for hot countries, but a double roof might be supplied for hospital use only. Every tent needs three small canvas *chaguls* to hold drinking water for the wounded. This is of paramount importance.

Tent-pegs.—All-tent pegs should be of iron in mountain campaigns; wood is useless, and may be burned as fuel by the men at times.

All our frontier on the west is completely devoid of wood.

Tent Mallets.—Wooden ones are quite useless. All should be of iron. A very good pattern is in use in the Transport Department for driving in line-gear pegs for transport animals. Such a pattern would suit well as a universal pattern for tents.

Lanterns. — All the present tent lanterns are quite useless; a much better type is needed. A good pattern should be made to fit into the tent buckets, and so be carried safely on the line of march. Candle-lanterns or kerosine lamps are what seems needed. This matter calls for urgent consideration. A square tent bucket with a lid would be very useful.

Flags.—Omit one “flagstaff Geneva cross complete” from each section — taking only one flagstaff, but two or three flags. The flagstaffs are heavy and cumbersome, but the flags are light and easily carried, and can often be hoisted by other extemporised means beside the regular flagstaffs. A *doolie* pole acts well.

The “directing flags—triangular Geneva cross”—have their present staffs too long. They should be cut in two and

jointed, and would then be more portable. At present they are greatly in the way for mule carriage, projecting beyond the load several feet, and catching in rocks and trees.

Picks and Shovels.—These essential articles are deficient in number. One *mamootie* and two picks and two shovels are needed for each section of a hospital. The picks and shovels to be of the light size and pattern issued to the battalions in the field for entrenching purposes.

Arm Racks.—An arm rack for mules to carry 12 rifles is needed for each section to carry the arms of the sick. A pattern is now issued to Infantry battalions.

Commissariat Department.—I have already referred to these in the preceding paragraph.

Packals.—Two pair of packals per section with mules extra to the complement are needed. The packal is of the most vital importance in our Afghan campaigns. Two empty pairs of packals should be carried in the *kadjawas* for use on arrival in camp, by utilizing some of the mules made free from their loads on arriving in camp. Nothing is more important than this.

Rope in abundance is needed in all Field Hospitals. Special camel loading ropes and special nets for carrying kits on camels are also absolutely essential. They are needed for attendants' kits, kahars' kits, patients' kits, and are of the very greatest help in every way in the field. They are drawn from the Commissariat Transport Department on requisition, and should be always with the hospital, and returned to the same Department at the end of the campaign.

Military Works Department.—I find that the folding chairs now issued break very easily.

Camp Stools.—Two per section would be better. They rarely, if ever, break.

The Tables are very good although heavy. Two together form an operation table.

The Field Commodes are very good.

Filters.—The filters seem good enough, although field filtering is rather a vague proceeding, so far as *my* experience goes.

A good watch or spring clock should be issued for each section, and a small gong of the Mountain Battery size is much needed. One per Field Hospital would suffice. If time is not carefully kept, the Field Hospital will be late in marching off with the column; a very common occurrence in field service.

Field Hospital Transport.—There are two kinds of animal transport used, as a rule, for Indian Field Hospitals, *viz.*, mules and camels. Wheeled carriage has, up to the present, been rarely used for this purpose.

Mule Transport.—This transport may be of two kinds, *viz.*, transport for equipment or transport for sick by riding mules.

Mules with transport saddles are supplied for the equipment, and with every three mules is one driver.

The mules do not give much trouble, but the deficiency in drivers in a hospital is very marked and causes great inconvenience.

With delicate loads like medicine panniers and medical comforts boxes, the proportion of drivers now allowed is quite insufficient, and the loss by the breaking away of mules is very troublesome and, at times, irremediable, when far from the base of supply. The Sapper Companies of the Indian Sappers and Miners have a very good system of classification for mules and muleteers.

They divide their technical equipment in three classes, first, second, and third. For the first class equipments one muleteer per mule is allowed; for the second class one muleteer per two mules is allowed; for the third class one muleteer per three mules is allowed. This classification would suit a Field Hospital excellently.

Thus the first eight loads carried on four mules each need a separate muleteer, as do also the medicine panniers. As these loads are constantly needed independently, and any injury to them would be most inconvenient to the sick, one muleteer per mule is advisable. The loads contain medicines in glass bottles.

Boxes Nos. 9, 10, 11, 12.—These loads might be placed in the second class, and one muleteer allowed for each pair of them.

Boxes Nos. 13, 14, 15, 16.—These should be first class loads with one muleteer each, being fragile medical comforts loads, which if lost or broken cannot be easily replaced. The breaking away of one mule may leave the hospital with no wine or brandy.

Packages Nos. 17, 28.—Third class arrangements would suit, but for 29—30, 31—32 it is advisable to have a muleteer for each load, as they are needed independently, and are very liable to cause disturbance if the mule is not led.

Tents and baggages would remain in the third class with one muleteer per three mules.

All hospital packal mules need one muleteer per mule, as they are so liable to be detached with small bodies of troops. Muleteers, though a hardy lot, are very dirty and disorderly in their habits. There is no reason why they should not be clean and disciplined. This can only be *achieved* by constant inspection by the S. M. Officer of the hospital. A Transport Sergeant is with each Field Hospital and he supervises the transport. His duties will be dealt with later on.

A Transport Agent is a kind of follower who devotes his energies to assisting the Transport Sergeant and supervising the *doolie* bearers.

Mules for Sick Men.—When ambulance tongas cannot be given or used, ponies or mules are supplied for the sick to

ride. These animals and their equipment need careful inspection.

Saddlery.—Bad bridles, bad stirrups and thoroughly bad saddles are often supplied. I have myself had to use water gear pads during a campaign to carry faint and exhausted men. It is wretched.

The saddle for a wounded man should be large and comfortable, and have a support behind to prevent the wounded man falling off. A bucket to hold the rifle is needed, and a hook on the saddle to hang on accoutrements is advisable.

One muleteer per animal is very essential, and he should march alongside his animal and lead it himself if the wounded man is at all weak, from loss of blood.

I have seen much discomfort and, indeed, risk of a severe accident from the defective number of muleteers allowed. That is to say, I have, over and over again, had the sick men thrown off their mules, flung to the ground, or run-away with, by having to mount untrained mules without muleteers and with no saddles, but simply pads of canvas. To a badly wounded or seriously ill soldier the injury done is excessive.

There is great room for a prize being offered for a good saddle suitable for one wounded man to ride in—on a mule or pony. A modification of a child's saddle for a pony is what is needed. It is pitiful to see men falling off their mules from bad saddles. This I have often seen and been helpless to remedy. The constant care of one's transport is very important, and it should be continually under the inspection of the Medical Commanding Officer of the hospital, and not left solely to the Transport Department. "Stables" should be done every morning by the S. M. O., and the Orderly Officer at his evening visit should also inspect the transport lines.

Camel Carriage.—When camel carriage is supplied for

equipment, four boxes or packages are placed on each animal, and at times a fifth is balanced on the top, the whole weighing about five maunds.

Great trouble and delay always attend the loading of Field Hospital equipment on camels, as the loads take time to load, and often fall off.

Whenever camel carriage is supplied for a hospital, a certain number of "obligatory mules" are needed, as supplied at all times to a battalion. This is very urgent.

Thus, all the medicine loads should be carried on mules.

The kitchen utensils should most certainly be on mules as in a regiment. At least, one mule load of medical comforts should be allowed, and tents for bad cases might also be so carried.

I have seen pitiful exposure of the wounded to rain and cold from want of tents being carried on mules, although in the same column mules were freely used by regiments for carriage of all their kit and tents. I desire to draw special attention to the need of *obligatory mules* in all Field Hospitals. The matter is of paramount importance. Whenever camel carriage is used, camel loading ropes should be drawn from the Transport Department, and also nets for carrying kits and small articles. These coarse nets are most useful and prevent the contents of a load slipping out on the road. They are supplied on requisition by the Transport Department.

If the camels are permanently detailed for the Field Hospital, tin numbers with F. H. and the consecutive number of the camel are useful things to have.

Packals are never carried on camels, but always on mules.

Camel Kadjawas.—I still think, that despite all the odium expended on the camel *kadjawa* as a means of sick transport, that we have not done enough to introduce a

comfortable and useful camel *kadjawa* for sick natives. If such an appliance could be invented, it would be of the greatest use, as it would carry the wounded man and his kit easily on one side of the camel, and one camel would thus evacuate two wounded men along the communications.

Up to the present time neither camel *cacolets* nor camel *kadjawas* are at all a success in the field, nor are mule *cacolets* nor litters much better.

Ambulance Tongas.—These ambulance carts are made to carry four men seated or two men lying down. They seem heavy for the load they are to bear. If two mules could be used in these carts instead of bullocks, it would greatly hasten the transit of sick along the communications, as they could cover two stages of a line of march instead of one, as bullocks do, and might thus carry men over twenty to twenty-five miles of road per day instead of about ten, as bullocks now do.

This would mean saving of forage and food supplies, and, I think, would be in the end a real economy by getting the sick rapidly to the base. Fixed racks for rifles exist in the carts, and the kits go under the seats.

CHAPTER V.

GUARDS, ESCORTS AND FATIGUE PARTIES.

Guards, Escorts and Fatigues.—A Field Hospital is entitled to a Guard from the troops with whom it is marching. It is also entitled to a fatigue party, and on nearly all occasions it needs an escort which, for convenience, may be composed of the men of the fatigue party.

Guards.—If a hospital is pitched, as it always should be, flanked on either side by the European troops for whose use it is intended, then the flanks of the hospital

need no sentries on them, but can be protected against stragglers and thieves by internal police from the ambulance bearers.

The front and rear of the hospital, therefore, alone need protection. To pitch a hospital in the rear of its Brigade is quite wrong. It needs a number of sentries, and is always liable to have its mules stolen. A Field Hospital should be always pitched between the regiment it is working with—patients in line with men—Officers in line with the Officers and transport with the transport. It works perfectly.

The Guard tent may be placed in the same line as the Quarter-Guard of battalions ; and if a Rear-Guard is posted, then the Guard tent should be aligned with the Regimental Rear-Guard tent. Sometimes it is advisable to bring the Quarter-Guard close up to the front of the hospital and, in fact, to pitch it on one side of the central road of the hospital camp.

In small camps a Guard of one N.-C. O. and six men and one bugler is sufficient. The six men furnish two sentries—one on the front of the camp and one on the rear.

If the camp has a wide front and consists of a full Field Hospital in open order, then a second sentry may be needed in the front or rear, as may be most exposed, and the Guard will need to be increased by three men. These sentries can, as a rule, be furnished by the Guard posted in the front of the hospital, but, if occasion require it, a Rear-Guard tent and Guard must be placed in the rear of the camp specially guarding the transport animals.

A bugler is always needed to mount with the Guard as there are as yet no buglers with the A. H. N. Corps—a distinct want on field service leading to great discomfort to the Medical Officers. The Guard should pitch their own tent, but should receive water from the hospital water

establishment. The Guard strike their tent themselves and the N.-C. O. of the Guard hands it over to the Senior Apothecary for loading in the morning when marching.

The following Standing Orders, in addition to any special orders, should be observed by the N.-C. O. commanding the Field Hospital Guard :—

1. The N.-C. O. on arriving at the hospital will report himself to the S. M. O. for orders.

2. The Commander of the Guard will be responsible for the pitching and striking of the Guard tent, and will have it struck at the "Rouse" and handed over to the senior Warrant Officer for loading.

3. The sentry on No. 1 post will warn the hospital authorities whenever the Brigade or Divisional Order bugle sounds.

4. If no bugler is present, the sentry will call the Warrant Officer on duty at the "Rouse" and the hospital cooks at such hour as may be ordered.

5. The bugler on duty will sound the following calls—the "Rouse," the "Fatigue" Bugle, the "Dressing" Bugle, the "Quarter" Bugle, and the "Fall-in," on every morning, when the hospital marches, at the times fixed by the Senior Medical Officer in Field Hospital Orders.

He will repeat all Brigade or Divisional bugle calls which may be sounded on the line of march or in camp.

He will sound "Retreat" and "First" and "Last Post," and such other calls for the internal service of the hospital as may be ordered by the S. M. O. of the hospital.

6. On the line of march the Guard will march with the sick or with the equipment, or baggage, as may be ordered by the S. M. O.

7. If the old Guard remains with the hospital on the line of march, it will also take part in the escort duty.

8. The N.-C. O. on arrival in camp, will receive over

for safe custody the arms and ammunition of the sick from the Pack-Store Sergeant for safe custody, and on the line of march will detail a soldier of the Guard for their special protection.

9. When relieved, the N.-C. O. of the old Guard will, before marching off his Guard, make a report to the S. M. O. that all is satisfactory or otherwise.

Fatigues and Escorts.—Quite apart from the Guard, which is detailed for 24 hours' duty, and which furnishes sentries for the hospital, is the fatigue party from the troops detailed to assist in the loading, pitching, striking, &c., of the hospital tents and equipment. These men, as well as the Guard, are obtained from the Officer Commanding the Force by letter, written by the S. M. O. of the hospital to the Staff Officer of the Force.

The fatigue party should be 25 men for a 50-bed hospital, or 50 men for one of 100 beds. They should arrive at the hospital half-an-hour after the "Rouse," and the N.-C. O. in charge should report to the S. M. O. or Officer on duty for orders. They should then pile arms, take off their belts and accoutrements, and assist in the loading and striking of the hospital tents. At the "Fall-in" of the hospital establishment they also fall-in, and, if not marching with the hospital as an escort return to their battalion after obtaining permission from the S. M. O.

On arrival at camp the same men again return from their battalion and unload the animals and help to pitch the hospital camp, and do not leave until dismissed by the S. M. O. It is far better, however, to utilize these men as an escort on the march, divided between the sick, the equipment, and the baggage of the Field Hospital.

The Hospital Guard should be applied for from the first day the hospital mobilizes, so as to act as a guard over the stores and equipment during their collection. A tent

should be pitched for them and their routine of duty assimilated, as far as possible, to that in the field, so as to accustom them to the field service customs of a hospital. It is well worth considering if a detachment of soldiers, sufficient to give the guards, escorts and orderlies, could not be posted to the hospital for the campaign. They could come from any battalion not in the field, and would be very useful.

CHAPTER VI.

DAILY ROUTINE OF A FIELD HOSPITAL IN WAR.

WHEN a hospital, after being fully mobilized, marches into the field, there should be a definite routine laid down for the guidance of all the Staff, and this routine should be regularly adhered to, as far as can be, under the changing conditions of field service.

There are two main lines for which routines are needed, *viz.*, the Marching Day Routine and the Halting Day Routine—according as the hospital halts or marches on certain days.

Let us first examine in detail the routine of an ordinary marching day.

Routine of a Marching Day.—Let us imagine that we are in a Brigade or Divisional Camp, and that orders have been issued on a certain afternoon that the "Rouse" will go at 5 A.M., and the column march at 6-30 A.M. next day.

This allows one and-a-half hour for preparing the Field Hospital for the march, and, in my experience, it is difficult to prepare the hospital in any less time.

It is absolutely essential to place on record the constant tendency of Field Hospitals to be late in marching off with their columns.

The fact is, it is a very difficult and trying matter to

move off a Field Hospital, and nothing but the most careful forethought and most definite sub-division of labour can possibly enable such an organization to move off with the same rapidity as ordinary marching battalions.

There are so many details to be thought of, and so many helpless elements to be cared for, that I consider it one of the most difficult and fatiguing duties in the army.

The "Rouse" sounds at 5 A.M. from the Brigade Headquarters, and is at once repeated by the Field Hospital bugler.

At once all should rise, and great care should be taken at the beginning of the march that Officers, Warrant Officers and men at once rise from their sleeping places.

The sentry at the Quarter-Guard of the hospital should call the cooks three-quarters or half-an-hour before the "Rouse" sounds, so that fires may be lighted and water boiled for the gun-fire tea. A cook may sleep with the Guard.

To ensure the readiness of the tea everything should be prepared on the previous night, and wood, water and the tea and sugar, all be seen as ready by the Senior Warrant Officer at his night visit of inspection at "Last Post."

Tea being thus ready after the "Rouse," it should not be issued to any of the hospital staff in their tents. They should drink it in the open air after dressing and vacating their tents.

To issue it in the tents causes great delay, and certain trouble in being ready to move off in time.

The sick should not receive any tea until they have moved out of their tents and formed up on the ground appointed for the parade of the hospital when loaded.

If the "Rouse" goes at 5 A.M. and the column marches 6-30 A.M., the hospital "Fatigue" bugle should sound at 5-30 A.M. This is the ordinary "Fatigue" bugle call of Infantry, with the "Medical" Staff call sounded before it.

Before the "Fatigue" bugle sound, that is, during the first half hour after the "Rouse," the Officers, Warrant Officers and hospital staff should rise, dress themselves, and the hospital attendants should make up their kits and pack them on the camels or mules assigned for these loads, and strike, fold up, and pack their tents.

If this routine is not followed when the bugle sounds for hospital "Fatigue," no one will appear, all the hospital staff will be engaged packing their own kits or idling about amongst those who are packing. It ought, therefore, to be a rigorously enforced rule, that half-an-hour after the "Rouse," all the men's kits and tents of the Hospital Corps and the kahars and the muleteers, should be packed and the men be free for other work.

"Fatigue" Bugle at 5-30.—When this bugle sounds, all the staff of every rank and class and grade should appear on the parade.

This rule is essential, and although it is not usual in other units for the Officers to appear so early in the marching preparations in moving off a hospital, it is very requisite, as the wounded must be seen and medicines ordered before the march begins.

The different sections of the hospital form up under their Warrant Officers, and all store-keepers, servants and kahars attached to sections form up with these sections.

Officers then join their sections, and the whole parade is reported present to the Senior Officer on the spot, or if only one Officer is present, the Senior Apothecary reports the parade as present to him.

All men of the Hospital Corps who are sick or ailing, should be fallen out and at once get medicine, or if needing carriage, that carriage should be arranged for for them. At the "Fatigue" bugle call the regimental fatigue party should also have arrived, and they should be told off to

the various groups of fatigue work with the hospital establishment proper. These fatigues are :—

1. Striking "sick" tents and loading them.
2. Packing sick men's kits and loading them.
3. Officers' tents striking and loading.
4. Warrant Officers' tents striking and loading.
5. Hospital store-keeper's stores loading.
6. Hospital medical equipment loading.

So far as my experience goes, it is advisable to tell off the European soldiers' fatigue party to the European "sick tents" as a duty. The moment the "Rouse" goes, the ward servants on duty should call all the wounded, and the Warrant Officer on duty should be responsible that this is done. All convalescent wounded should then rise and dress themselves and proceed to pack up their own kits in the *suleetahs* and nets for the camels or mules told off for their loads.

They should then move out of the tents and form up either in front of the hospital on the space where the Field Hospital would parade, or in the central road of the hospital camp if space allow.

At any rate, by the time the hospital "Fatigue" bugle goes *i.e.*, half-an-hour after the "Rouse," the convalescent patients should have left the tents, and only bad cases needing to be carried outside should remain in the tents.

Tea will be issued to the convalescent patients in their own tin pannicans while the fatigue parties are at work.

The moment the fatigues are sent to their special tasks, the first thing to do is to remove all the really bad cases either to their *dandies*, or stretchers, or tongas, or ambulance carts, taking care that their kits accompany them if in carts or tongas. The *dandies* should be at once carried to the place where the hospital will eventually be formed up and left there with the sick, who will be seen by their Medical Officer in this place.

If the hospital parades in column of sections outside the hospital, the markers should be posted—1st for the Hospital Corps ; 2nd for the *dandies* ; 3rd for the riding mules ; 4th for the tongas ; 5th for the mules with equipment, and 6th and last for the camels—allowing sufficient space for the length of each group. As various loads are ready, or various groups of patients are ready, they should move outside the hospital and form up on the marker as proposed.

If, however, the ground in front of the hospital is unsuitable for this column formation, then the Field Hospital should form up on the centre road of the hospital itself, in the same order as that laid down for the column of sections formation.

If in this formation, then the Field Hospital is simply called to "Attention" and marches straight out of the hospital camp, and so on to the Brigade rendezvous.

So far as I have seen, Field Hospitals have a constant tendency to be late in marching off. It arises at times from the deficient number of men for the loading work, but also very often from the want of the personal attention and personal supervision of the Medical Officers and their subordinates over completely ignorant and untrained attendants.

The time may come later on when Medical Officers can remain absent from the hospital fatigue until the final "Fall-in" goes.

That day certainly has as yet not arrived, and nothing can make up for the absence of the Officer. The hospitals are constantly late in marching off.

The European fatigue party having struck the "sick" tents and loaded them, and also loaded the kits of the wounded, these latter are given over by the Pack-Store Sergeant to three or four men of the guard or escort to be cared for on

the line of march. The tents on camels or mules join the mule or camel portion of the hospital column. The Writer sees the office tent struck and the office books loaded on the mules told off for the purpose. The European N.-C. O.'s and men of the hospital staff should always be up very early and be quite clear of their tents by the time the "Fatigue" bugle goes. The hospital Store-keeper and his men and a fatigue party, if needed, see to the loading of the hospital commissariat equipment.

The cooks load up the kitchen utensils, and if any tent has been used for cooking in, that also should be struck by them and loaded.

The watermen or *bheesties* start the moment the "Rouse" goes to the mule lines and draw the water mules and driver, and go and fill the packals for the march, and on return report the fact to the head ward servant of the hospital, and then fall in with their mules and packals with the *dandies* or with the riding mules as may be ordered.

The sweepers strike the latrine tents, and pack up all the utensils belonging to it in the *kadjawas* for the purpose.

The party told off for the camp colour party get ready their gear, line gear, picks, shovels and camp colors and form up on the parade ready to join the Advance Guard, or to march in the front of the hospital column according to orders.

In the absence of a Quartermaster-Sergeant the Pack-Store Sergeant lays out the camp; if so, he falls in the camp colour party, and after reporting all ready moves off, if necessary, with the Advanced Guard, in accordance to Division Orders.

The Transport Sergeant should be on the fatigue parade with great punctuality. He should allot all the animals the previous evening at evening parade, and tell off the

carriage for the kits of the native establishment with great care, so that they may be ready at the "Rouse" to be loaded by the hospital establishment before the fatigue duties of the hospital itself begin. The camels should therefore be brought close up to the hospital camp before nightfall the previous evening, so that they may be at once allotted to their loads.

All the camels for the carriage of tents, baggage of sick, equipment, should be brought on the parade at the "Fatigue" call and be at once placed near their future loads.

The Transport Sergeant should himself see to this, as otherwise great delay occurs.

The Transport Sergeant remains on the parade from the "Fatigue" call till the hospital marches off, superintending the loading and assisting in every way to the rapidity of the work.

The loading of camels is tedious and uncertain, hence time is needed for the work. But mules are rapidly loaded as the hooks on the saddles are ready for the loads to be hung on to.

The mules need not come up from their lines into the hospital enclosure proper until a quarter of an hour, or even later, after the "Fatigue" bugle sounds.

If everything is well organized, they need not come up until the "Dress" of the hospital is sounded, when they are at once loaded and sent on to the ground where the hospital parades before forming up to join the main column.

The riding mules also need not come until the "Dress" is sounded, when they at once move up to the spot where the convalescent sick are fallen-in in front of the hospital and the mules are allotted in regular order, so that the one muleteer, with his three mules, may be utilized in regular sequence.

Let us now glance at the time taken in this loading work: "Rouse" at 5 A.M.; "Fatigues" began at 5-30 A.M. and went on until 6 A.M. "Dress" then sounds, and all the fatigue parties replace their belts and unpile their arms and get ready for the "Fall-in" at 6-15.

The whole are then finally inspected, and move off at 6-20 to the place assigned for the Brigade or Divisional Assembly. The order of march of the hospital column will be by sections, each section in this order:

1. Hospital Corps in "Fours," followed by *dandies* with sick or empty.
2. Packal mules.
3. Mules or ponies ridden by sick and spare mules.
4. Tongas or ambulance carts.
5. Mules laden with equipment.
6. Camels always last.

The *dandies* should, as a rule, march two abreast, as also the riding and equipment mules, but much depends on the character of the track or path.

The camping ground, before leaving, should be well searched for any mislaid or missing articles, and the conservancy people should fill up the latrines and any filth pits that have been opened. Even sick men may be forgotten.

The total number of camel loads should be counted over to the hospital Store-keeper or Apothecary or Officer with the hospital baggage, as also to the Commander of the escort or guard, so that mistakes may not occur.

The Transport Sergeant should remain with the camel column of the hospital until it is well free of the camping ground and actually on the line of march. There is always a bad quarter of an hour, leaving camp.

He can then ride forward and report the fact to the Medical Officer Commanding the Hospital.

Too often one finds the Transport Sergeant spending all

his time with the mules—a very easy and unimportant work, but it is to be remembered that he is for transport and *supply* work and for the supervision of camels as well as mules.

It is advisable to examine the various roads leading out of camp on the previous evening and so choose a good path, and when the hospital column joins the Brigade Assembly, an Officer or Warrant Officer may be sent forward to report the fact to the Staff Officer or Commanding Officer of the column.

When the hospital thus marches off its camping ground to the Brigade parade, it marches at “Attention.” That means that no smoking is allowed for either Officer or man. Silence is to be imperative. The Senior Officer rides in front and leads the column, and the other Officers at the heads of their sections, the Warrant Officer or Apothecary of each section being in the rear, and the Senior Apothecary in the rear of the hospital column. The European Writers and Sergeants march with the Army Hospital Corps in front, immediately in rear of the advanced portion of the Hospital Guard, beyond which they should not advance. The Transport Sergeant rides in rear of the baggage mules. The Purveyor marches with his stores, loaded on camels or mules.

Officers and Warrant Officers should not leave their positions while marching at “Attention,” and the condition of “Attention” should exist marching in and out of camp, or when nearing or marching from a halting place—or before any order is given to the hospital as a whole. It is absolutely essential to enforce the marching of Officers with their sections or in their allotted places; if any laxity is allowed it becomes impossible to find one’s Officers. On the word “March at Ease” more laxity is allowed. All Officers and Warrant Officers who draw allowances for a

horse should ride when at "Attention," and so be able to assist their Commanding Officer in maintaining order and regularity in the column and to aid in getting it out of camp.

The bad riding of Apothecaries is a standing joke, but it may at times be a very sad and serious joke if it means failure in duty.

If any difficulty exists on this head, the certificate of having a horse should not be signed. The position of the Field Hospital on the line of march is in the immediate rear of the troops and in front of baggage. The hospital itself is not baggage, but has its own guard and escort and occupies a special place of its own. It does not come under the orders of the Baggage Master, although its baggage, that is to say, the kits of the hospital establishment and their tents do form part of the baggage column. The tents of the Field Hospital are part of its working equipment, and these are not baggage, but are as much part of its equipment as medicines or instruments are; in fact more so, for without shelter serious cases simply die. The baggage of the hospital takes its turn with that of other Corps in leading the baggage column. A roster for this is generally kept by the Brigade or Divisional Staff.

It cannot be too often repeated that great care is needed in preventing the hospital column from straggling; and Officers and Warrant Officers should set a clear example on this head. Constant care and watchfulness is the only remedy for this indiscipline.

After one hour's marching the first halt usually takes place, and it is a very needful halt.

Men can then fall out, loads be eased, the sick looked to, water issued, and all made comfortable.

Three and-a-half miles per hour may be done if the column is in good marching trim.

When the "Halt" is sounded, the hospital bugler repeats the call.

The sick should be carried well to windward of the track to escape the dust of the road.

After the halt has lasted five or six minutes the "Fall-in" goes, and all Officers and men should at once rise and fall-in in their places.

When the order "Unpile Arms" is given, *dandies* are lifted and all made ready to move off as the column moves off.

Previously-made beef tea can be issued during the halt to any serious cases, and milk or cold tea may also be given. A fire is easily lighted.

At the end of the second hour's marching, say, after seven or eight miles have been finished, comes the "Breakfast Halt."

This generally lasts for three-fourths of an hour, and the men eat their cold meat and bread, and the sick can be fully and carefully attended to.

The moment the "Halt" goes, the hospital should close up to "Attention," move to the windward of the track (take ground to the right or left) and halt, and all mules should, if possible, be unloaded, and all kahars watered. The kahars should be fallen in by *dandies*, marched 10 or 12 paces away, made to sit down in order of their *dandies*, and so get their water from the *bheesties*. If this is not done, fighting and confusion occur, and the weaker ones get no water. This is constantly the case.

Puckals are needed at the rate of one pair per 40 men for this purpose. Kahars cannot possibly work without water, and great care is needed on this head. I have seen frightful suffering from want of water in Afghanistan and the Soudan, amongst this unfortunate follower class.

Some cold meat cut and cooked from the day's ration is

a very useful adjunct to this midway halt and meal, and the sick benefit by this arrangement. The loads should be replaced after half-an-hour's rest, and the column get together ready for the "Fall-in" and the "Advance." Warm tea can always be given at this long halt, as fires are easily lit, and the tea is an enormous stimulant.

If an Officer is to go ahead to take up the camping ground, he may ride forward from this place, and sometimes the Transport Sergeant may be sent ahead to see that wood, forage and supplies are being made ready, for he is also a supply agent.

The camp color men march with the Advance Guard and the Officer or Sergeant reports himself to the Officer of the Q. M. G.'s Department to take up the hospital camping ground.

This done, the long flag-staff and red cross flag are hoisted as a guide to the hospital marching into camp.

The various camp lines are then opened out, and the sites of the various portions of the camp, *viz.*, sick tents, staff tents, Officers' tents, transport lines, &c., &c.

The camp is best pitched in a hollow rectangular form, and the official plan is not a satisfactory model.

It is alway advisable to send out a man to guide the hospital column to its camp.

When close upon the camp site, halt the Field Hospital and do not allow men or animals to enter on the site until it is completely marked out.

The hospital column should form up in front of the hospital camp in the same order in which it formed up in the morning before marching off. The *dandies* should be formed up in order and laid on the ground; the sick men who are riding should dismount and stand by their mules, and the Hospital Corps and kahars should be marched into the centre road of the hospital camp for fatigues. An

Officer, Warrant Officer and some men may remain with the sick.

A fatigue party should arrive from the regiment to pitch the camp and unload the baggage.

Fatigue parties of Hospital Corps and kahars should be told off for the various duties, *viz.*, pitching the sick men's tents, dispensary, office, Warrant Officers', Officers', unloading equipment, &c.

The chief cook should be assigned the site for the kitchen, and he should hasten to make tea for the sick. This is of vital importance.

The *bheesties* fill up the tent buckets and the tent *chagals* ready for use, and start to the water-sources for a supply, being careful to give the first supply to the cooks. The Q. M. G. points out the water-sources to the Officer or N.-C.O. who takes over the camp site.

The *jemadar* sweeper should pitch the latrine tent and enquire where the latrine trenches for the native establishmen are to be placed, and at once send a fatigue party there, dig the trenches, and surround them with bushes stones, &c., for concealment.

During all this fatigue no Officer, Warrant Officer or man should leave the parade, nor see after his own tent or property until all the wounded and stores are housed.

The Writer gets the office tent pitched and prepares the indent forms for rations and supplies, also the "states," the diary, the order book, etc., as may be needed.

As soon as the tents are pitched, the wounded are carried in their *dandies* into their tents and laid on the ground, and the poles, covers, &c., placed near the tents. The riding patients give up their mules to the muleteers and move to their tents. Men should be kept together by tents, so as to ensure method and order in assigning them to their places.

As soon as the wounded are housed and the loads unpacked and placed in their places, the regimental fatigue party may be dismissed, and the Hospital Corps allotted for duty at the the sick tents, &c. The kahars should be marched to their lines in the rear of the hospital, and an inlying picket of 6, 12 or 18 men kept ready on duty at the entrance to the hospital camp with *dandies* in case of an alarm.

The men of the Guard pitch their own tents, and no kahar or native fatigue men should be given to them. A sentry is at once posted, and when thought desirable, the rifles and ammunition of the sick may be placed for safe custody in the Guard tent.

The fatigues are not ended in a Field Hospital until the last camel load of equipment has marched into the hospital camp. Officers visit their wounded once on their being placed in their tents and order any diets or food needed or urgent drugs; but wounds cannot be dressed at this time.

It is advisable to postpone wound dressings until Officers and wounded have had some food and rest. Three P.M. might suit, and in the three hours between 3 P.M. and 6 P.M. all dressings can be finished.

If only a few have to be done, 4 P.M. until 5 P.M. would suit; but it is better to separate the ordinary visit to the wounded from the long, tedious dressing work.

When the first visit is over and food and drugs ordered, the Section Officers attend at the hospital office, make their report in person to the Senior Medical Officer, apply for any urgent help they need, and when all reports are received and orders issued, are dismissed from the parade. That is to say, Officers are on parade before the march, during the march, and until dismissed by the Commanding Officer after the march is over and the urgent work done. This routine applies also to the Warrant Officers and all the men.

The Senior Officer of the hospital having received the

reports of the Section Officers, filled up the diary, issued the urgent orders for the day, and signed the requisitions for supplies, visits the hospital, generally sees that all is in order, and then retires for food and rest after the march.

The Writer is ready to go for Brigade Orders; and at a fixed hour in the afternoon all Officers and Warrant Officers attend for evening visit, which evening visit should be finished by the afternoon parade hour of the hospital, which may be at 5 P.M. or 6 P.M. as may suit the climate and the season.

I regard this afternoon parade as vital and essential in every way. The "Dress" should sound at 4-30 and "Fall-in" at 5 P.M. Every one should attend who belongs to the hospital. Brigade Orders are then fully known, and published in Hospital Orders. All native establishments inspected, sick men removed, loads made ready for the morning, camel men warned, muleteers told off, fatigue parties detailed, and every possible precaution taken to prevent any delay or confusion in the morning. Camel loads are made up into units for the camels, mule loads laid out for the mules tents not needed are struck, and the rations for the following day duly received. Take great care on this head.

Every Officer and subordinate at this parade can report his group of work correct, and if not, can report what is defective or what he needs.

When everything is correct and so reported, the Officers "Fall-out" and parade is dismissed, and the night duties posted.

Sick men from regiments should arrive at 4 P.M. on marching days, and great care is needed as to their rations, kits, medical history sheets, &c. The carriage for their kits is always a source of trouble and needs careful attention. Their Regimental Commanders supply the transport for these men's kits. Constant confusion occurs on this head.

Discharged men should leave at 4-30 P.M. for their regiments, so as to give time to have them settled in their companies before dusk comes on. Their names should go to their company at 10 A.M.

If the hospital is complete, the Orderly Officer of the day pays a final visit at 9-30 P.M. and sees all correct: if small in size, the Senior Warrant Officer may do it, but comes and reports all correct to the S. M. O. in camp personally, and enquires for final orders.

Absolute quiet is needed in camp after the "Last Post," and the kahars are great sinners in respect of irregular noises after the camp is supposed to be at rest. Very summary punishments alone put a stop to this great irregularity.

The things to guard against on a marching day's routine are: Late rising of the staff, by Officers and Warrant Officers not appearing for fatigues, wrong allotments of transport animals, straggling of Officers or men from the column on the march, absence of staff from the evening parade, confusion about carriage for sick men's kits, and, finally, noise in the camp after "Lights Out" and "Last Post" has gone.

At the end of such a marching day there will be few Medical Officers who will not be tired and weary.

The Routine of a Halting Day in a Field Hospital.—Let us continue the night of the marching day just dealt, with, and let us imagine that Division Orders, say, tomorrow, will be a halting day.

All through the night, the hospital red light should burn, fires for cooking food for the sick be burning unless special orders are issued by the General Officer forbidding even these fires. Kahar patrols are posted to aid the sentry in watching the camp, and the muleteers post their own stable picket over the mules in the mule lines. The stealing of mules is a constant episode in border wars.

At whatever time the camp "Rouse" goes, the hospital

establishment should rise, and a morning parade of all the Hospital Corps, Purveyor's establishment and kahars and muleteers take place at 7 A.M., corresponding to the morning parade of the native establishment in cantonments.

All men of the establishment should then be examined, and any sick taken out from among them for inspection by the S. M. O. or other Officer detailed for the duty. All European orderlies and Writers also attend at this early morning parade, and set to work after it.

I have found 8 A.M. a suitable hour for the Warrant Officers to visit their sick, and 8-30 A.M. a good breakfast hour on halting days for staff and patients. Half-past nine is a good hour for office, and all Officers should report themselves there at that hour before visiting their wards or sick tents.

The S. M. O. then issues to them any general verbal orders he desires to give, or they consult with him as to any matters needed by them.

The S. M. O. then deals with prisoners, sick of his own establishment, and receives the reports of the Purveyor, transport staff, or other officials of the hospital, and issues verbal orders, giving notes to the Acting Adjutant or Orderly-room writer about entering the orders, in the Order Book.

When routine papers are signed and orders issued, the S. M. O. goes round the hospital, seeing every detail and every needful case, and returns to office at 11-30 A.M., when Officers again attend, give in their reports or requisitions, bring up their men for discharge or for convoy to the rear, and final orders for the day are issued. The attendance of Officers at office is essential.

It is better to postpone the long and tedious dressing of wounds until after office is over, say, 12 noon, as otherwise Officers delay so long over these dressings that their reports

or urgent demands cannot be heard, and the S. M. O. is in the dark as to their needs.

Dinners will be served at 2 P.M., evening visits made from 3 or 4 to 5 P.M. At 5 P.M. evening parade and the same routine as on a marching day, and every Officer and man attending for orders for the morrow, and remaining until the parade is dismissed, for in war time one never knows what changes one hour may require in the routine, and all should attend. No Officer and no man should, at any time in the field, leave the hospital camp without asking permission, and also leaving clear directions as to where he is to be found.

The establishment of a mess is of much importance, so as to ensure that Officers will remain in the camp for meals, as also on account of the social comforts and advantages that result from such an institution. Owing our most unsatisfactory system of mobilization it is almost impossible to arrange for a mess beforehand.

CHAPTER VI.

SUGGESTED CODES OF STANDING ORDERS FOR OFFICERS, WARRANT OFFICERS AND MEN OF THE FIELD HOSPITAL.

Orders applicable to all Officers.—No Officer is to leave the hospital camp without the permission of the Officer Commanding the Field Hospital, and all Officers leaving camp should keep the Officer Commanding informed as to where they can be found.

2. Officers should be present on parade half-an-hour after the "Rouse," and should in this matter afford an example to all officials serving under them.

3. When marching at "Attention," all Officers should be mounted and should keep in the place assigned for them by the S. M. O. The Officer Commanding the hospital at

"Attention" should ride at the head of the hospital column.

Officers in charge of sections should ride at the head of their sections at "Attention," and should at times visit the whole of the section and see that it is well locked-up.

The Senior Apothecary should ride in the rear of the hospital column, and should report to the S. M. O. if the pace is excessive or that any straggling is occurring.

The Apothecaries of sections should ride in the rear of their sections.

The hospital establishment should march in "Fours" at the head of their sections. "Detachments Front."

European N.-C. O.'s, Writers, Orderlies and men attached to the hospital should march in "Fours" in front of the native establishment.

If an Officer is on Baggage Guard, or other duty, the Warrant Officer of his section should lead the section, and the head ward servant march in the rear of the section.

At the word of Command "Field Hospital, Attention," all Officers and men should resume at once their fixed places in the column.

4. Syces should march at the head of the sections their masters belong to, and be found in the rear of the native detachment at the head of the section.

5. Officers' other servants, not syces, should march with their masters' baggage in the rear.

7. Every Officer should have his pocket-case at all times on his person and ready for use.

The Duties of the Senior Warrant Officer, S. M. D.—1. The Senior Medical Warrant Officer is responsible to the Senior Medical Officer for the safe custody of all tents, camp equipage, ordnance equipment and barrack furniture, in addition to the charge of medical and surgical equipment,

and should count them daily on arrival in camp, and on halting days every forenoon ; any missing articles should be at once reported to the Senior Medical Officer.

2. At once on the arrival of the hospital in camp the office should be opened in the office tent, and the requisitions for the day made ready ; this is very essential.

3. The Senior Apothecary of the hospital should personally report all correct or otherwise to the Senior Medical Officer or Orderly Officer at "First Post." He should receive the reports of the Warrant Officer on duty, Transport Sergeant, Hospital Store-keeper, &c., before making his report to the Senior Medical Officer.

4. If not needed by the Senior Medical Officer he may be sent on to the next camping ground to mark out the future camp, but should not leave the hospital column until after the midway halt.

5. He should see that the Writer packs up the office loads and assists in striking and pitching the office tent.

6. On the line of march at "Attention" his place is in the rear of the hospital column.

7. He should visit the entire hospital three times daily, *viz.*, early morning, midday and at night, and see that the Warrant Officers are at work, and report any irregularities to the Senior Medical Officer.

8. He should see that a Transport muleteer is at all times ready with his mule at the office to convey urgent letters.

9. He should cause the hospital flag to be lowered at sunset, and the hospital distinguishing lamps lighted at the same time and kept alight until sunrise.

10. He should ascertain from the Senior Medical Officer where the latrines are to be placed, and give the needful orders to the head sweeper on the subject, and should visit the latrine himself daily. Before marching off he should

see the latrine filled in and report the fact to the Senior Medical Officer.

11. He should take the order of the S. M. O. as to the location of the kitchen for the patients, and should see that the *bheesties* go at once for water on arrival in camp.

12. He needs at all times to have a note book and pencil with him.

13. He takes receipts from all persons for any article of equipment detached from the hospital, carefully filing the same in the Guard Book.

14. He takes over the camp equipage from the Ordnance Department, and, in returning it, makes out the necessary delivery vouchers.

15. In the absence of the Officers he takes command of all parades and carries out the routine laid down for his guidance by the Senior Medical Officer.

16. He should see all haversacks and field companions at once replenished after any engagement, and keep the Senior Medical Officer informed of any needful drugs running low.

Duties of Medical Warrant Officers doing duty.—They should be dressed carefully and cleanly, and be an example to the men of the A. H. N. C. in careful attention to the Field Service Dress Regulations.

2. The revolver with lanyard is always to be worn on the line of march.

3. The pocket-case should be worn in a leather pouch on the Sam Browne belt behind. It should always be worn.

4. The W. O. on duty should wear his sword-belt, but no sword, when on duty within the hospital.

5. On coming on duty he should see that dressings, &c., are ready, in case of any wounded man coming into camp.

6. He should see that a detachment of *doolie* bearers is

at all times ready to turn out if needed—to be located near the Guard tent of the hospital.

7. He should see that the Writer goes at once for Orders on the “Divisional Order” Bugle sounding.

8. He should arrange to call the cooks, one hour before the “Rouse” and see that they get up to make the tea on marching days.

9. If there is no gong he should keep watch that the meals are served at the regular hours laid down in Hospital Orders.

10. If there is an Officer on duty he at once reports any sick men coming in the hospital to him for examination.

11. The moment the “Rouse” goes he sees that all the establishment and patients at once rise and make ready for the march. He personally visits the tents of the subordinate staff, patients, kahars, &c., and sees that they are rising.

Duties of the Pack-Store Sergeant.—When a Pack-Store Sergeant is detailed for a Field Hospital, his C. O. hands over his defaulter sheets, last ration certificate and his arms and ammunition to the Officer Commanding the Field Hospital.

The Sergeant is thenceforth rationed by the Officer Commanding the Field Hospital.

2. He should always be carefully dressed.

3. He is at all times on the march to be in possession of his rifle, side arms and ammunition.

4. If not mounted, or not needed for special duty, he marches with the European N.-C. O. and men of the hospital staff in front of the hospital column, but behind the Hospital Guard.

5. When a patient is admitted he checks over his kit and accoutrements, and sees that they agree with any list sent in for receipt. He initials the receipt before laying it before the Senior Medical Officer for signature.

6. He places the arms and ammunition of the sick in custody of the N.-C. O. of the Guard if necessary.

7. At once on the "Rouse" going he turns out, packs his kit and arranges for its carriage on the animal assigned. He falls in at the fatigue parade in front of all native establishment, and, if he is senior, he calls the roll of European Orderlies and Writers on parade and reports them present to the Officer or Warrant Officer commanding the parade.

8. He sees to the loading of the patients' kits, and hands over the camels or waggons containing them to the files of the Guard detailed for their escort. If there is a mule arm-rack in use, he is particularly careful that it is kept under the immediate supervision of a European soldier of the Guard or escort.

9. He gives general assistance in loading the mules and camels and assists at the evening parade in allotting loads, and he draws from the Transport Sergeant any carriage needed for the patients' kits.

10. Under the orders of the Senior Medical Officer he assists the Warrant Officer in sub-charge in checking the camp equipage and seeing that it is in good order, and reports any wear and tear or loss of tents to the S. M. O. so that the Store-keeper's *dhurzis* may repair it.

11. He lays out the hospital camp and sees at night that all camp colors, etc., are ready for the following morning, and he forms up his camp color party, and under the order of the Senior Medical Officer moves off with it with the Advance Guard, if so ordered in Division Orders.

12. He takes over the ground for the camp from the Staff Officer assigning the ground, and makes everything ready for the hospital to march on to it.

13. His duties are not finished until all baggage animals have arrived in camp, and have been unloaded and all tent

equipment, loads and kits checked and counted. He then reports to the Senior Apothecary.

14. If senior, he reports all nursing orderlies and European staff as present to the Senior Warrant Officer at "First Post."

15. He constantly watches the rifles of the sick and has them cleaned and oiled by the convalescent patients or others when needed. The arms should be inspected every Saturday by the S. M. O., and, if kept in the sick tent, daily by the Officer in charge of the sick in the tent.

16. If he be the Senior N.-C. O. he gives the needful orders to the Guard on arrival at the hospital, and practically acts as Sergeant-Major for European troops employed at the hospital.

17. When the campaign is over his duties are not over until all the camp equipage is safely returned to the Ordnance Department, and he is needed for at least ten days after arrival at the demobilization station before the S. M. O. reports to the district P. M. O. that his services can be dispensed with.

Duties of the Hospital Writer.—When the Writer of a Field Hospital is detailed in Orders for this duty, his C. O. hands over his defaulter sheet, last ration certificate, &c., to the O. C. the Field Hospital. The Writer brings with him his arms and accoutrements.

2. He is responsible for the pitching and striking of the office tent and the safe custody of the office boxes.

3. Immediately on arrival in camp, he opens the office in the office tent.

4. Besides these duties, he is available for all general fatigues, and is always present at evening parade.

5. At the morning start, after seeing the office loads made ready, he acts as a marker and assists in forming up the hospital column before marching off.

6. On the line of march he marches with the European detachment of the hospital staff in front of the A. H. N. C., but in rear of the Hospital Guard. He may be utilized in laying out the hospital camp.

7. He is needed for at least ten days after arrival of the hospital at the demobilization station in closing returns.

8. He goes to the Brigade Head-quarters when "Brigade Orders" sound to get the Brigade Orders. These he shows to the S. M. O. and Adjutant, and takes orders as to Hospital Orders.

9. The office boxes and records are entirely in his charge for the S. M. Officer.

The Transport Sergeant.—This N.-C. O. is detailed by the Commissariat Department, and when so detailed he reports himself for duty to the Officer Commanding the Field Hospital.

2. He will be carefully dressed himself, and will see that the kahars and muleteers are also clean and regularly dressed. This is constantly overlooked.

3. He is present at the hospital fatigue parade every morning, and reports himself to the Officer and Warrant Officer commanding the parade.

4. He is responsible that the kahars and muleteers rise at the "Rouse," strike their tents, pack their kits, load their camels, and are ready at the "Fatigue" call to take their part in the loading duties.

5. He arranges that the camels are brought into camp at night, and that they are ready for loading at the "Fatigue" call on marching mornings.

6. He parades all his establishment morning and evening on halting days and in the evening on marching days, for the personal inspection of the S. M. O. or Officer detailed for the parades, and sees that no sick or ailing men remain in the lines without being reported sick. He makes

out sick reports for all sick transport followers, and takes them, in the first instance, to the hospital for inspection.

7. He watches the kits of his establishment and sees that no extra weight is carried; no easy task.

8. He supervises the work of the hospital Store-keepers, and arranges any difficulty that may occur in the drawing of rations for the sick and the hospital establishment, as he is Supply Sergeant.

9. He remains on the camping ground until every animal of his charge is loaded, and has moved off, when he may ride forward and report the fact to the S. M. O. He may, however, have to remain with the camel column of the hospital, in which case he takes the orders of the Officer or Warrant Officer of the Hospital Baggage Guard marching with the camels.

10. If marching with the Field Hospital column, his place is in the rear of the loaded mules. He should always be mounted at "Attention" if allowed a pony.

11. At all long halts on the march he takes the orders of the S. M. O. for unloading the hospital mules so as to rest them.

12. He accompanies the S. M. O. in his morning visit to the transport lines of the hospital, and if the Orderly Officer visits in the evening, he also accompanies him round the mule lines.

13. He is responsible for the cleanliness of the transport lines in every detail, and should arrange that the muleteers themselves remove the mule litter, and the camelmén, the camel litter, to the appointed place outside the camp.

14. He attends the evening parade of the hospital, learns the number of loads requiring to be carried, and draws the extra carriage needed to carry the kits of the sick from the Officer Commanding the sick man's regiment.

15. He posts the stable picket of the muleteers, and makes his report at "Tattoo," to the Senior Warrant Officer, that all is correct or otherwise.

16. If allowed to ride on from the mid-day halt, he takes with him the filled up requisitions for firewood, forage, and supplies needed at the new camp, and on the hospital marching into camp takes empty mules and a fatigue party to bring the supplies into camp.

17. He attends at the S. M. O. office daily at Orderly Room hours and gives his report in person, and receives orders as to duties needed of him.

The Hospital Store-keeper.—He should join the Field Hospital at least ten days before the day the hospital marches, and be medically examined as to fitness. Some of these men are old, feeble, and useless in the field. They are caste-ridden, and will not handle meat rations in the field.

2. He draws the commissariat equipment from Commissariat charge, opens every box and package, checks every article and sees that it agrees with the regulation scale laid down.

3. He parades the *dhobies*, *durzies* and other Commissariat servants for medical inspection by the S. M. O.

4. If possible, he lives in the Field Hospital mobilization camp during the time it is being mobilized.

5. On the line of march the senior Store-keeper marches with the Field Hospital heavy column, and watches the carriage of the equipment in his charge. He keeps the *durzies*, *dhobies*, &c., under his eye, and utilizes them as a fatigue party in loading, &c., not allowing them to shirk or straggle, which, being wholly undisciplined, they constantly do.

6. He draws the requisitions from the Senior Apothecary and brings the food supplies into camp at once. He draws the rations for the following day early in the

evening, and reports their safe receipt to the Senior Apothecary.

7. So long as he can obtain supplies direct from the Commissariat, he keeps the hospital stores in the boxes intact, and, if they have to be used, he takes the earliest opportunity of replacing them—medical comforts especially.

8. He keeps an account with the Warrant Officers of sections of all articles drawn from his store for patients' use.

9. As he is entirely under the orders of the S. M. O., he should not receive orders from any other person whatever, or, if he does receive any order, he should at once report the matter to the S. M. officer. He attends office daily.

10. He should see that his men rise at the "Rouse,"—pack their kits, strike their tents and are ready at the "Fatigue" bugle to take their part in the general loading duties.

He should not leave the parade until every one of his loads have arrived. This done, he reports all correct, and waits the general dismissal of the parade.

He attends the evening parade with his men, and makes all his loads ready for the morning march, reporting all correct every evening.

11. He is needed for at least ten days after the campaign is over at the station of demobilization, and should hand in a certificate that all the Commissariat equipment has been handed in complete, except articles lost, and those should be brought before a Board.

Head Ward Servant acting as Sergeant-Major, A. H. N. C.—A Head Ward Servant is needed to act as Sergeant-Major of the A. H. N. C., and to keep the roster for duties and generally to supervise the native establishments of the whole hospital of 100 beds. He is not attached to any section, but is one of the Hd.-Quarter Staff of the Hospital.

2. He should see that the native men rise at the "Rouse," pack their kits, strike their own tents, and are

ready for the general attendance on the sick by the time that the "Fatigue" bugle goes.

3. He parades the native establishment, sees that they are properly dressed, falls out any sick men for treatment, and assists in telling-off the various fatigue parties for the hospital starting on the march.

4. He forms up the native detachments for the march, gives orders to the mates of *doolie* bearers for their guidance, and aids in every way the working of the hospital.

5. On the line of march he remains at the rear of the hospital column unless needed elsewhere, being near the Senior Apothecary.

6. He takes the native establishment to bathing parades and for clothes-washing every Saturday at 12 noon, or so, according to orders; otherwise they become covered with lice.

7. He watches the kits of the A. H. N. C. or sees that they do not exceed the regulation allowance.

8. He accompanies the Senior Apothecary on his visit at "Tattoo," and reports the native staff as correct or otherwise.

H. W. Servant acting as Quarter-Master-Sergeant.—It is advisable to have such an official to be the assistant, in detail matters, of the Senior Apothecary and to act under his orders. He would also assist in laying out the camp and marching on in advance with the camp colour party. He is a most useful man to develop. He belongs to no section, but is a Head-Quarter's Staff official.

The Head Sweeper, Head Cook and Head Bheestie.—These men need to be active and intelligent, and to work hard during the campaign. They should all at once on arrival in camp enquire where their various places of work or supply is to be located, and set to work at once to carry out their duties. They are not attached to sections like the men of their branches.

CHAPTER VIII.

THE FIELD HOSPITAL AS A BEARER COMPANY ON
THE BATTLE-FIELD.

WHEN a battalion goes into action and its men fall wounded, its regimental ambulance men carry the wounded to the Regimental Doctor, and he gives them a rough and hasty field dressing.

No regimental hospitals now exist in the Army, and the Field Hospitals are generally four or five miles, perhaps, in rear of the fighting line, struggling on the crowded roads that lead to the rear of an army actually fighting.

The Field Hospital, therefore, can rarely come up to the battle-field in time to afford immediate succour to the already partially-dressed battalion wounded, who need to be collected in a central spot, thoroughly dressed, fed, and transmitted to the Field Hospitals further in the rear.

There is, therefore, a distinct gap in the ambulance arrangements which needs filling in—a bridge, as it were, has to be thrown over to link the battalion medical aid with the Field Hospital in the rear.

These links are the Divisional or Brigade Bearer Companies of the Medical Corps, affording aid to the wounded of all Corps and all classes of troops in the Brigade or Division to which they are posted.

The English Bearer Company corresponds to the *Sanitäts Detachment* of the German Army, and to the *Ambulance Divisionnaire* of the French; it is a highly mobile, well-equipped unit, but without tents, with the equipment carried on mules, and consisting of a body of Officers and men of the Medical Corps, of strength and activity, with stretchers, surgical appliances, cooking vessels and medical comforts, and blankets needed for the first real aid to wounded men. This light and highly mobile unit pushes straight on to the battle-field, and actually under fire.

Its Officers and men hurry forward and touch the rear of the fighting line, and these take over, the already partially dressed, regimental wounded from the regimental aid and Doctor, and free the battalions of all such *impedementa*, rendering them quite ready to push on rapidly after the enemy. They take over the wounded of the whole Brigade. No better work can be done in the army by a sharp, intelligent and devoted Officer than to successfully command a Bearer Company in war.

He should see well—which some Doctors don't ; ride well ; be active to a degree, and ready in resource. He takes every opportunity of keeping touch with the battalions and frees them of every wounded man. This is the most important aim.

He concentrates these at the Brigade " dressing station ;" lays out the wounded as it were in a great open air hospital ; feeds them, operates on them, dresses their wounds, shelters them with blankets in the night, guards them against the marauder and the straggler, and finally carries them to the Field Hospital and hands them over there, and then gathering up his men and his transport and his equipment, hastens after his Division to do the same duty in to-morrow's fight.

Can any duty need more trained activity, more readiness, more thorough mobility, more discipline, more complete and perfect training, more cohesion, and almost automatic action of Officers and men ? Yet this unit, which exists in every foreign army and in England, has no independent existence in the Indian Army, but is a scratch detachment, of the very scratch Field Hospital.

It has already been shown how feeble an organization is a hastily mobilized, rapidly thrown together Field Hospital. It is shaky in the extreme, and cohesion—there can be none.

Now, the order in the Indian Army is, that when an action is imminent, a scratch Bearer Company of Medical Officers and men are to be detached from the far-in-the-rear Field Hospital, and these are to collect the wounded, dress them, and eventually carry them to the Field Hospital.

In petty border skirmishes against muzzle-loading muskets of savage mountaineers, this may suit. It will fail ignominiously against the breech-loader.

The Indian Bearer Company is utterly, scratch; even its equipment is supposed to be partially made on the field by that dubious workman—the hospital carpenter. The detachment of so many Officers and men cripples entirely the Field Hospital from whence it comes, and prevents any wounded being sent down the communication line, as it absorbs the sick carriage in front.

What is needed is to have a separate and distinct unit for this purpose, as in England, independent of the Field Hospitals altogether. In any real war this would be essential. What would suit would be the equipment of a 100-bed Field Hospital, without tents, but with the carriage and transport for 200 sick men at least.

This extra Field Hospital, with double the ordinary transport, would divide into two Bearer Companies for the Division it belonged to; would gather in the Brigade wounded and dress them and care for them and give them over to the Field Hospital. It would then rejoin its Division and would, when its transport was withdrawn or diminished at the end of the war, resume its place as a Field Hospital in the line.

What a wounded man wants when hit is immediate, but necessarily rough, aid. I am hit and bleeding, and my battalion Doctor hastily dresses me. If I am gathered up and carried to a collecting and dressing-station and feel that

I am amongst comrades ; that I will not be cut up by marauders, nor be left to be ridden over by Cavalry ; if I get a drink of tea, a nip of brandy and a blanket, and some food, I bear with patience the exposure, and the biting frost of an Afghan night. There are many more in similar plight round me. I see I am being cared for, and I rejoice that I am not yet killed, and all things seem golden as we lie by the fire in the keen frosty night. The hard-working Doctors are moving about ; the whole place is a big bustling *al fresco* hospital, and I can wait here forty-eight hours, if you please, if I know I am in good hands. The average man thinks thus.

To die for England is sweet and decorous, but to lie forgotten in a bye-way after the fight is terrible. To linger slowly to death in some deep ravine ; to hear afar the sounds of the bugles and see the fires of the *bivouac* to which my shattered limb will never allow me to crawl ; to be starving with hunger while the blood wells slowly from my wound ; to be consumed by a devouring thirst, and hear close by the rippling stream one cannot reach ; to feel the frosty night wind is chilling my heart's blood ; not to be able in those last few fleeting hours to whisper in a comrade's ear those last farewell words to wife and child whom one shall see no more ; to perish after the fight by the knife of the midnight robber or prowling marauder ; all these things make even war more terrible, and add an unutterable horror to what is at all times horrid enough. The remedy against all these things is the well-organized, well-commanded and well-equipped Bearer Company led by the Doctor trained as a soldier, and who feels at every beat of his heart for that last soldier-boy lying far away from the fight who must be sought out and gathered in and cared for. If such an organized company exists and is well trained, the horrors I refer to need never occur ; but

if it is to be merely the accident of an accident, the scratch offspring of a very scratch parent, the tumbling-to-pieces outcome of tumbling-to-pieces organization, then, for this soldier lad if he is wounded, I guarantee nothing, for how can I do it on so shifting, so uncertain a basis, but I will turn to the nation that bred him and the people who claim him as their soldier, to the county from whence he came, and the village far away where lies his home, and to that great Empire under whose orders he marches, whose flag flies over him, whose drum-beat he has followed round the world, in whose cause he has given up civil liberty to serve as a soldier for her sake, and to sacrifice health and strength and life in her many wars, and I ask ;
 IS THIS TO BE ALWAYS SO, AND HOW LONG IS IT TO ENDURE ? In the hours of bitterest need, when shattered and torn and helpless, is there to be no more certain aid than this most make-shift of attempts at relief ?

I feel in my heart that such an appeal, fully and openly made, would receive from the most generous and warm-hearted of nations the most complete of answers, and that if she hesitates to-day, it is not from selfishness, but because from her long ignorance of war in her fields and homesteads : she does not understand what is wanted to mitigate suffering, nor does she know how defective is the existing Indian help.

When I see, year after year, the splendid, the lavish, the inexhaustible bounty of England given to every sorrowing people, to every suffering nation, to every far away disaster ; when I think of her philanthropy, deeper and wider than the splendid Empire she governs, I feel that had she known, she would never have allowed so feeble, so fragile, so defectively-organized an aid to exist for her soldiers in war.

Are these men to be forgotten in their utter extremity by a nation which has showered her charity on every

people under heaven, and to whom in their troubles no nation on the earth appeals in vain.

How often in Indian campaign after campaign, when I have seen the deadly weakness of the Medical Corps, the paltry means at its disposal, its feeble and defective *personnel*,—the offscouring of the bazaars, ignorant, untrained undisciplined, hungry, mobilized in a hurry, with no drill, no defined system, without cohesion, and with a hazy and defective status for Officer and man belonging to it, have I not said in my bitter anxiety: what would England say if she only knew all this!

I seemed to be as it were on a loosely-bound-together raft, afloat in a stormy ocean, the raft freighted with a mass of shattered human life, toil-worn, wounded, their health and strength perished in the service of that motherland beyond the seas, and on this sinking and waterlogged make-shift, it was my task to pilot my perishing comrades to the shore of shelter and proper rest.

When I saw the difficulties, the dangers, and the feeble means given me to achieve my ends and my aims towards those men, I felt like the shipwrecked mariner over whose raft dash the surging waves of hopelessness and despair, freezing his companions, numbing his own life and energy, and in the end consigning all to destruction.

In those hours and days and weeks of the bitterest anxiety, of unceasing dread of break-down, of hourly proofs of miserable preparations in peace, wearied with the reiterated complaints of my brother Surgeons who seemed so often to have lost heart in the overwhelming difficulties they had to deal with, one thought rose always in my mind,—the thought and the hope that England might one day know the truth, and with strong hand and steadfast heart make such conditions impossible ever again in her far away Eastern armies.

I felt, then, that she never meant that I, who toiled and laboured, and struggled hard for her soldier-children in their feebleness, in their utter prostration, in their maimed helplessness, should be in the army, a mere hanger-on and a tolerated incumbrance; that to me for my aid to care these wounded English boys, a follower of the army, ignorant, hungry, savage, undisciplined, hopeless in his stupidity, unarmed, undrilled, completely untrained, alone should be given. That no English soldier should be there to help me; that I should wear out my strength and my life alone, striving to organize and give cohesion to a hopeless mass of ignorant natives of the most inferior and ignorant classes; that I should hear but one long cry of hopelessness and despair from the Surgeons, however high or junior their status, and that their life was seemingly crushed out of them by the almost impossible nature of their task.

In those hours of bitter anguish, in the days of killing toil, in those long dreary marches, when I wasted my strength in striving to guard my wounded and my sick from being choked to death by swarms of baggage and crowds of followers, far through the thickening dust-clouds that choked me, but utterly suffocated my sick, I saw the Sun of Hope shining: that Sun was England, faraway across the ocean and in my despair, I said in my heart a thousand times: if England only knew, she would never allow it.

To-day I repeat the same words, and I feel that in our struggle for the soldier in his pain and suffering, although unexpressed in words, the heart and the hope and the loving sympathy of England is with us, and only needs to be educated to our wants to meet them to the full.

England, mother of right and justice, could never have meant that any of her sons should be put in so false so utterly painful, so hopelessly disheartening a position

as I, and hundreds of men of my special service have been placed in in war in endeavouring with the feeblest help to carry on the care of her stricken children. Did she know, she would assure my status, guard my self-esteem, protect me in the faithful discharge of my work, and give to me with a just and reasonable hand the aid I needed and that the conditions required.

The only cure for the despair and the hopelessness I see amongst the Medical Corps in every campaign, is the full ventilation of their lawful demands and their wants in the clear light of day, and let England then, after full knowledge, decide what care or protection she desires to give to her wounded sons in the countless wars she wages. When she understands all, all will be surely granted. In the constant wars, great and small, in which England, as an Empire, has, during the past twenty years, been engaged in, on no single occasion after a fight where her soldiers have been killed and wounded has the beloved Queen of this great Empire failed to send her telegraphic messages of sympathy with her wounded soldiers and her hopes for their speedy recovery.

This telegram of priceless value to the wounded is sent to the General Commanding the troops, and it is sent on to me amongst other Doctors to communicate to the wounded soldiers under my care.

It reaches me in the middle of my labours in my 50-bed Hospital, surrounded by maimed and shattered soldiers.

Knowing what a splendid *stimulus* it will be to those exhausted men who lie around haggard, blood-stained, their faces covered with a mud of dust and sweat, their eyes bloodshot with the heat and the exposure, their khaki coats stained with the salt of their dried perspiration that has sweated under their accoutrements, I call out in a loud

voice : " Good news from England, men ; a message from the Queen," and I read out the words :

" The Queen desires that her deepest sympathy be given to her wounded soldiers and she hopes for their speedy recovery."

On the worn and haggard faces of those pain-stricken men, weary to death with the sufferings and fatigues of the day and the night comes the sunshine of Hope, and the joy that men feel to think that, in their loneliness and their wretchedness, there is one who, embodying as she does, the hopes, the wishes, and the thoughts of her people, bears them in mind in their great tribulation.

From blanched lips and pallid cheeks and throats, weak with the weariness of thirst and pain, comes the cry : " God bless the Queen, and thank her, Sir, for us."

If I could best carry out their wishes, if I could break through the chain of official delays and send to their Queen direct a message, how much good might be done and how much bitter suffering saved to me and my wounded in all our future wars.

Had I power I would thus address her :—

" Madam,—

" I present my humble duty to your Majesty and beg to tell you that your loving message of sympathy and hope for your wounded soldiers has given them the deepest comfort in their troubles, and will support them in the long days of suffering still before them until they reach England again.

" As a faithful servant of Your Majesty I would fail entirely in my duty to you as my Queen, and the head of this great Empire, if I did not tell you with what overwhelming difficulties I am striving to do my duty to you and your Majesty's wounded soldiers.

" I am here to-night on this distant battle-field and am responsible for the working of a Field Hospital for 50 beds.

All day long the wounded have been pouring in, and I have to-night, in and round the tents, 53 wounded English soldiers in every stage of human suffering.

"To care for them and to help me to tend them I have not one single European soldier orderly, nor a single nurse.

"The whole aid given me for this overwhelming task is ten native ward servants, which is the number laid down by Field Regulations to care for 53 wounded Englishmen.

"These native attendants are ignorant, feeble, underfed followers of the army without a vestige of discipline, and hopeless in their stupidity. These native ward servants have to-day marched 15 miles; they have had no food since late last night; I must in a short time let them have some rest, and let them cook their food, and how am I with only ten natives, as a whole, to care for and attend to 53 wounded English soldiers.

"There is not one Officer or man in all my establishment who has even seen a Field Hospital in peace, they are entirely at sea as to the routine of work, my two young Surgeons have come from far away stations, and my Apothecaries I never saw before.

"I will toil to the death for you as my Queen, and for the land you govern, but I humbly pray you will consider my hopeless weakness in *personnel* and the defective Corps given me to carry out this care of the wounded with whom, as their Sovereign, you so deeply sympathize.

"Owing to defective arrangements and caste prejudices not one of the sick bearers (*doolie* bearers), nor one of the Store-keeper's men will give one of my wounded soldiers a can of tea, nor a bowl of soup, nor apply a bandage, nor place a dressing, and I am trusting entirely to the ten native ward servants, and I cannot do the work well, toil, strive and labour how I may.

"Your Majesty will remember the Egyptian Campaign of

1882, when Sir James Hanbury was Chief of the ~~Indian~~ Service in the field there.

"A pang of sorrow went through England at the thought that Ismailia Hospital failed to work, and many bitter words were said against my brother Officers of the Medical Service.

"But what were the facts? It was proved before Lord Morley's Committee that the English Orderlies allowed to nurse the sick, *viz.*, 37 for 200 wounded were hopelessly insufficient, and that Committee recommended, and it has since been made the Army Regulation, that the number in future will be 64 Orderlies for 200 sick, and not 37, as previously, *in* all our English Field Hospitals.

"No human energy, even of the most superlative type, can do our war work without help,—and that help we urgently need—and I pray that Your Majesty will be pleased to cause inquiry to be made and to raise our establishments to 20 native orderlies, instead of 10 for every 50 sick—and that a detachment of European Orderly nurses shall always form part of an Indian Hospital.

"I also very humbly pray Your Majesty to order that an inquiry be instituted to see if it be not possible to so consolidate the medical establishments that they will be made a Corps under medical command, and that men with caste prejudices be excluded from such a Corps. It is only Hindus who have such prejudices; Mussulmans will do all the work we need.

"If Your Majesty will be graciously pleased to consider this very humble prayer, untold advantages in war and peace will result to your soldier-sons who, scattered over an enormous Empire, are daily fighting not only with human enemies, but also with climate and disease."

If I could so telegraph, or that some good fairy would carry to the Queen such a message, how pleasant then it

would be to go to war as a Medical Officer, where now we go in fear and trembling of break-down during the whole course of the operations.

When the wounded are gathered in, they need, above all things, refreshment—soup would be splendid, but it takes time, to make, but tea would be always useful; and it is so easily made, so portable, and so stimulating that its need in the dressing-station is essential.

If men's wounds are dressed, and they get a cup of soup and some brandy, they will do very well for some hours.

There should be a bugler with every Company, and he should sound the "Ambulance" call all over the field, so as to draw attention to the aid party; and to give every wounded man the chance of attracting attention to himself if possible.

When ambulance men are sent back with wounded to the Field Hospital, they rarely return to the Company; it is better to allow no wounded to pass back beyond the dressing-station—but keep all the wounded there until the fight is over, and the Field Hospital marches, or may march, right on to the field. This would be a very happy solution, but it is difficult to achieve; although always to be borne in mind as a possible solution of many difficulties.

The Bearer Company may also be ordered to organize itself into a convoy to convoy wounded men towards the base. It then becomes practically a marching hospital, and should be worked on the plan and routine laid down for such organizations.

CHAPTER IX.

FIELD SERVICE MODEL ORDERS, LETTERS AND TELEGRAMS, SENT AND RECEIVED DURING THE CAMPAIGN.

I PROPOSE to give a few model orders, telegrams and letters, &c., which may help to explain the probable course of events in war time.

1.—*Telegram from P. M. O., Simla, to A. M. O., Meerut, August 1, 189 .*

Confidential.—A mobilization of 3 Meerut Field Hospitals may take place in September. Warn Army Reserve men. Enlist 100 men into the A. H. N. C.

2.—*Telegram, August 28th, P. M. O., Simla, to A. M. O., Meerut.*

Mobilization begins September 1st. No. 1 Field Hospital to be ready by the 10th, No. 2 by 20th, and No. 3 by 30th September. No. 1 to proceed to Jellalabad, No. 2 to Barakab, and No. 3 to Bhosawal.

3.—*Telegram, September 10th, 189 , A. M. O., Meerut, to P. M. O., Simla.*

Cannot obtain any recruits at existing pay-rates. Transport mules only sufficient to equip Nos. 1—2 Hospitals.

4.—*Telegram, 12th September 189 .*

Government of India sanction pay-rates as for sepoy, as a temporary measure, and free kit. Transport in readiness and will join No. 3 Hospital at Peshawar. Entrain without transport.

5.—*Orders by Divisional A. M. O., Meerut.*

No. 1 Field Hospital, Surgeon-Major Smith, M.S., will be mobilized from to-morrow, 1st September. The lists of

personnel as in the Station Hospital Office will be adhered to.

6.—*No. 1 Field Hospital, Meerut Division, by Surgeon-Major Smith, Commanding, September 10th.*

No. 1 Field Hospital, M.D., will entrain at the troop siding at 4-30 P.M. to-day *en route* for Peshawar.

7.—*Field Hospital Orders. Peshawar, September 12th.*

The Field Hospital will proceed to-morrow by route march, *viâ* Khyber Pass, towards Dakka.—“Rouse,” at 5 A.M.—March, 6-30 A.M.

8.—*Division Orders by Major-Genl. Tomkins, Comdg. 1st Division, Afghanistan Field Force. Jellalabad, 20th September 189 .*

No. 1 Field Hospital, Meerut Division, is posted to the 3rd Infantry Brigade, which Brigade will furnish a guard, escort and fatigue parties, as will be arranged by the Medical and Brigade authorities.

9.—*Telegram from P. M. O., 1st Division, Afghanistan Field Force, to A. M. O., Meerut Division. Bamian, November 10th, 189 .*

A draft of 1 Warrant Officer and 10 men needed to complete establishment of No. 1 Field Hospital, Meerut Division. Surgn.-Captain Robinson, M.S., is returning invalided as unfit for field service, but fit for garrison duty. Please detail an Officer of the same rank to start in relief forthwith.

10.—*Field Hospital Orders, October 20th, 189 . Camp, Oxus Valley.*

In accordance with Brigade Order of to-day's date, the Field Hospital will hand over all its sick and wounded to

No. 3 Field Hospital at Mahomed Kela Khan, and will act as a Bearer Company to the Brigade in to-morrow's advance on Rustumabad.

The sick will be transferred at 4 P.M. this afternoon. Captain Taylor, M.S., will take over their documents and personally hand the men over to No. 3 Field Hospital. The Transport Sergeant will provide transport for 40 men with kits to be paraded in front of the Field Hospital at 3-45 P.M. this day.

11.—*Letter to D. A. A. G., 3rd Brigade, from Medical Officer, 1st Field Hospital.*

Please detail escort of 25 men to accompany sick transferred to No. 3 Field Hospital at Mahomed Kela Khan, to be at Field Hospital at 3-45 P.M. to-day. The escort will return by 7 P.M. this evening.

12.—*Medical Corps Orders, 1st Division.*

It is notified to all Medical Officers of Corps and Batteries that No. 1 Field Hospital, Meerut Division, will, on to-morrow, act as Divisional Bearer Company. All wounded after being dressed by Regimental Medical Officers will be handed over to No. 1 Field Hospital—on the Field.

13.—*Heliographic Message—on the Field. From P. M. O. 1st Division, to Officer Commanding 1st Field Hospital.*

The Division will probably come into action at Kila Pezwan near the mounds on the extreme right. If possible open the dressing-station there. Have warned regimental Medical Officers of whereabouts of dressing-station.

14.—*Message by Mounted Orderly—on the Field.*

Surgeon-Lieutenant Jones, with No. 7 Mountain Battery, severely wounded; replace him by an Officer of the Hospital *pro tem*. He is being sent to you for care.

15.—*Message P. M. O., 1st Division, to P. M. O., Army Corps.*

Please detail Officer to replace Surgeon-Lieutenant Jones, No. 7 Mountain Battery, wounded. Have replaced him temporarily from No. 1 Field Hospital, Meerut Division.

17.—*Heliograph Message—on the Field. From Officer Commanding Bearer Company, 1st Division, to No. 3 Field Hospital, Rawal Pindi Division.*

Have 150 wounded collected here—will send them back the moment firing ceases. Please send forward all available carriage with this Orderly who knows the road. Great care needed in fording the Sujah-Rud. Am running short of brandy--need 2 dozen bottles—or equivalent in rum.

18.—*Message by mouth by A. D. C. to General Commanding 1st Division, to Officer Commanding 1st Field Hospital.*

"The General says there are at least 300 wounded of the enemy along the river bank and in front of the redoubt by the swamp. He wants you to help them if you can."

19.—*Verbal reply to A. D. C.*

"Tell the General I am sending back all the British wounded to No. 3 Field Hospital. They should be cleared off by sunset, and I will march my Hospital to the river bank you speak of, and work there during the night. I hope he will send us a strong guard, as this place is very exposed."

20.—*Officer Commanding 1st Field Hospital, M.D., to P. M. O. Division. 4 A.M.*

Sir,—I have 330 wounded of the enemy collected here by the river near the redoubt. I am quite unable to send them back as my transport is dead beat.

Will you order up a Reserve Hospital of the Division to come to this place, and pitch their hospital here. This will save much trouble.

21.—*Reply of P. M. O.*

All right—will send Reserve Hospital. Be ready to move forward with the passing force at 8 A.M. It assembles across the river by the ruins near the burning village.

If there is any delay in the Reserve Hospital coming, leave a detachment of your Hospital and push on. I will send them after you by noon. Hasten up your list of wounded. General called for it every quarter of an hour. Glorious day yesterday:—takens, no end of guns, and the enemy in full retreat.

22.—*Verbal Message sent by Officer Commanding Field Hospital to A. A. G., 1st Division.*

Go and tell the A. A. G. that we have rejoined his column with all available transport.

23.—*Message brought back by Officer sent with Message to A. A. G.*

Tell Major Smith we will come into action almost certainly this evening or early in the morning. The Cavalry scouts report that the enemy's retreat is stopped, and they are taking up a position.

24.—*Senior Apothecary, Field Hospital. Verbal report to Officer Commanding Field Hospital.*

The brandy is not sufficient to stand the strain of another big fight. Reply of O. C. Take this note to the Brigade Commissariat Officer and ask for ten gallons of rum, and bring it to the Hospital.

25.—*Officer riding into Hospital.*

The enemy have opened fire. Please open dressing-station. The wounded are already falling back on you.

26.—*Wounded arriving.—Officer Commanding Hospital gives verbal orders.*

Seperate the severe cases to the left of the dressing-station and the trivial to the right—keep the wounded Officers well apart. How they do stream in!

27.—*Medical Officer reporting to Senior Medical Officer of Hospital.*

We have 350 wounded round the station now, and the transport men say they can't pass to the rear, as the enemy's Cavalry are threatening the line of retreat.

Reply. Very well. Keep all the wounded in the dressing-station—night will be on us directly—make the transport men bring in plenty of dry wood; light good fires, make plenty of tea, and cover the men with blankets.

They will do capitally. I am applying for a stronger guard.

28.—*Message from Medical Officer to nearest Brigade Commander.*

Go and tell the General of that Brigade *bivouacing* to our right front that I have more than 300 wounded here, and that I would like to have a Company to cover our exposed flank during the night. The escort we have with us is quite insufficient.

29.—*Captain of Infantry marching up his Company.*

General Ross has sent a Company to cover your flank. It is so dark I can't see how your position extends. Will you please say where you wish the men to be extended.

30.—*P. M. O. of Division speaking next morning.*

Well, Smith, you have had a trying night. I fear however, all fighting is over. I saw the flag of truce from the enemy coming towards the *bivouac* as I left it. The Field Hospital can't be here before sunset. You must do the best you can, and draw rations for the wounded and cook them here.

How did you get through the night? Reply. Thirty men died in the night. I have 321 in the dressing-station. I buried all the 30 before sunrise this morning, so as to avoid any display.

31.—*Message to Reserve Field Hospitals.*

Push on Hospitals to the number of 350 beds to scene of action, and take over wounded in the dressing-station of No. 1 Field Hospital.

32.—*P. M. O. to Officer Commanding No. 1 Field Hospital.*

The Hospitals are hurrying up—you stay where you are and they will join you. Combine your staff with theirs and halt where you are—we won't go any further for sometime, if at all. Everything points to an armistice, and possibly peace.

33.—*Medical Corps Order.*

No. 1 Field Hospital will act as a sick convoy on the return march to Cabul, and will take over 50 wounded from the Consolidated Hospital at Ali Kheyl, and convey them to the Base Hospital at Kabul.

34.—*Field Hospital Orders, Camp Cabul.*

The Field Hospital will continue its march, *via* Badhhak, towards India to-morrow. Under orders from the P. M. O. H. M. F. in I. Surgeon-Captain James, Apothecaries DeCruz and DeSilva and 20 men A. H. N. C. will be permanently transferred from this Hospital to the Station Hospital, Kabul, now being formed, and they will be struck off the strength from this date.

All documents to be handed over with the men to the Officer in charge Station Hospital, Kabul, at 5 P.M., to-day. The Hospital is in the western angle, Sherpur Cantonment.

35.—*Field Hospital Orders, Camp Jellalabad.*

The Field Hospital will entrain at 6 A.M. to-morrow morning and proceed by train towards Meerut, halting as follows :—

Peshawar	...	... 10th April
Rawal Pindi	...	... 11th „
Mian Mir	...	... 12th „
Arrive Meerut	...	... 13th „

36.—*Field Hospital Orders, Camp Meerut, April 14.*

The Field Hospital will commence demobilization on to-morrow :

(a) The spare transport to be returned to the Commissariat at 2 P.M.

(b) All stores to be checked by those holding them, and list of deficiencies to be sent into S. M. O.'s office by 10 A.M. to-morrow, &c., &c.

37.—*Div. Orders, Meerut, by G. O. C., at Meerut.*

A Board will assemble at the Station Hospital to report on deficiencies and losses in the equipment of No. 1 Field Hospital, during the recent Turkestan Campaign. Proceedings in duplicate to be submitted to the G. O. C. for approval.

38.—*Medical Officer, Station Hospital, to P. M. O., Meerut Division.*

SIR,—I have the honor to report that the demobilization of No. 1 Field Hospital, Meerut Division, is now complete, and that I have no further need of the *personnel*.

I accordingly replace the following staff at your disposal:—

Medical Officers	...	...	...	3
Warrant Officers	...	...	...	5
A. H. N. C.	...	...	...	36
A. N. H. C. Bearers	...	...	...	58

39.—*P. M. O.'s reply.*

Hand over all the staff you refer to to the Officer in charge, Station Hospital, Meerut.

40.—*Farewell Order of Surgeon-Major Smith on final dispersion of Field Hospital.*

No. 1 Field Hospital, Meerut Division, will cease to exist as an independent unit from to-morrow the 25th April 189 .

The Officer Commanding desires to place on record his appreciation of the good work done by the Hospital Staff during the recent campaign in the Oxus Valley.

Mobilized at Meerut from the Officers, Warrant Officers, and men of the Meerut Division of the Indian Medical Corps, cohesion and unity has from the beginning marked the work of the unit.

In the march through the Khyber, and the advance on Cabul through the Jugdulak Pass, discipline and order characterised the march of the Hospital.

The very trying advance over the Hindu Kush, and the Bamian Pass in the depths of winter, threw on all ranks a very great and heavy strain, and the devotion to the sick and the strict attention to discipline won from the Divisional General the highest commendation.

The pressure of work from the heavy lists of wounded, caused by the enemy's breech-loading fire, strained the Hospital routine to the utmost tensions; but, so far from failing, it worked with redoubled energy and success.

In the general action at Mahomed Kila on the Oxus Banks—where the Hospital acted as a Divisional Bearer Company—it is sufficient to say that every word of the praise given in General Tomkins' despatch was fully deserved.

The Officer Commanding the Hospital feels sure that all will agree with him that strict discipline—drill—military routine—and thorough devotion to duty, will always ensure success, even in so uncertain and trying a work as that which a Field Hospital will be always be, and he need not recall the words of General Ross who, on seeing the Hospital move off, cried out: "Well done, Field Hospital! You limber up like a Mountain Battery."

It is sad to have to refer to the losses the Hospital has sustained, and a list of 1 Officer, 2 Warrant Officers and 15

men killed shows that the success obtained in the campaign has not been cheaply purchased.

The Officer Commanding wishes all ranks a hearty farewell, and happy days, after the fatigues of war.

CHAPTER X.

DEMOBILIZATION.

THIS is about as difficult a matter as mobilization. It takes at least ten days at the station where the various head-quarters of the receiving departments are located.

The principle never to be lost sight of is this : In mobilization the first needful thing is the *personnel* ; therefore get it first of all. In demobilization the thing needful to the last is *personnel* ; therefore keep it to the very last.

The moment war is over everybody wants to cut away, Officers, Warrant Officers and men, native and European, and urgent orders will come to send the establishment broadcast over India. All this is wrong. It takes ten days at least to demobilize and to return stores and have Boards on losses, &c.

The first thing to do is to get rid of the large portion of the animal transport, except that needed for carrying stores to the railway or to store depôts. This done, every head of a sub. department should check his stores and equipment, *viz.*, the Apothecary and Pack-Store Sergeant all tents, furniture and ordnance stores. An Apothecary, all medical and surgical equipment. The Storekeeper all commissariat equipment. The Writer all statistical documents. A Warrant Officer all kits issued for the campaign, to Warrant Officers, N.-C. O. and men.

A list of all deficiencies should then be made out by departmental groups, and an application for a Station Board sent in. This Board should report on the losses or

injuries to various articles by groups, such as Commissariat or Ordnance, Military Works or Medical Store Department. The proceedings are then sent to the convening Officer for approval, and finally returned by him to the Officer in charge of the Hospital to be used as voucher to cover the deficiencies in his equipment when returning that equipment to store.

There will always be great wear and tear during any field service, and a very large margin is allowed to cover such loss to the State.

The great thing is to have at first a thorough counting of everything. All articles to be laid out clearly for inspection and then to carefully tabulate all losses. It may be useful to set apart a page in the diary or other book, and enter, day by day, the losses reported during the campaign as they occur.

Such losses may vary from a tent-peg to an entire Field Hospital, but all that is needed, besides constant care in the field, is the careful tabulation of all losses. Ordnance tents go to dreadful grief. Tent-pegs vanish like magic; and if the ground is stony, their destruction is considerable. Lanterns easily smash and buckets disappear. Keep a clear record of all, and, in the end, all will be well. The Commissariat equipment is also liable to great wear and tear, but here again careful recording is needed as to how losses occur.

Instruments need careful counting, and the pocket-cases of the Apothecaries often come to grief. Every loss should be put before the Board, including instruments and surgical equipment.

The various articles that remain are then, day by day, handed over to the departments who issued them and receipts carefully taken and placed in the receipt book or guard book. These guard books, diary, order book, all pay

documents, &c., should not be given into store with the Field Hospital equipment, but should be kept by the S. M. O. personally to enable him to answer the various references that will be made to him for months after, on every possible matter.

I will guarantee that the greatest trouble remains to the end. That is the paying up the establishment of all ranks. If it is done in a hurry and without due time and care, constant references will keep coming in for months. Officers receive no charge pay for individual sections, nor for any number of combined sections under three in number.

A final acquittance paper should be taken from every individual belonging to the hospital, that he has received his pay, allowances, &c., and has no claim against the Officer in charge. A certificate is needed from the Senior Apothecary that he has carefully packed up the instruments and stores, and that he is personally responsible for their correctness according to the list, except articles reported lost, before the Board was held. Day by day the various equipments and *matériel* will diminish, but ten days is the least amount of time needed for demobilization, to secure good work.

Officers Commanding should be well on their guard against Officers and Warrant Officers trying to get away by privately seeing the P. M. O. of the district. But no P. M. O. should allow himself to be approached in this way, but should wait until the Officer in charge sends in his final report that the Officer or Warrant Officer has finally handed over his charge and is no longer needed. If this is not done, it is quite certain that when Officers or Warrant Officers get away before the demobilization is complete, they will become involved in some supposed losses or misplacements, and the blame will be shunted on

to them. If they are absent, they will be unable to be heard in self-defence, and, furthermore, they throw all the weary demobilization work on their comrades. It is quite wrong.

Closing Statistical Records.—In a campaign with numbers of hospitals the statistical returns cause great trouble. A special Officer at the Base should act as Statistical Officer, and to him *nominal rolls* of the sick in every hospital, every Friday at noon, should be sent. He should keep one great Admission and Discharge Book, and so compile the returns of the campaign. This system, which seems tedious, will be found the only really true method. In small campaigns the P. M. O. should have a Secretary or Staff Captain who would receive nominal rolls of all sick present in all hospitals during the week, and he keeps one big Admission Book during the campaign.

I think, therefore, that at least ten days are needed before any one gets away, and it is good to abide by this rule. The S. M. O. should always make out for his own information a medal roll or list of all persons serving under his orders, so that later on, when called on to furnish medal rolls, he will know how he stands, and have no difficulty in forwarding the rolls.

CHAPTER XI.

FIELD HOSPITAL LOADING, UNLOADING AND GENERAL DRILL.

THE need of a drill and a defined routine in the loading, unloading and marching of a Field Hospital is most essential. The Medical Service constantly neglects this duty, and, as a result, there are frequent break-downs and great wear and tear of individuals in trying to make unorganized units work efficiently with an organized army.

Until Field Hospitals parade at every Brigade parade and take their share in the drill exercises of the army, this liability to break-down will always exist.

Until opportunities are given for this drill, it is impossible to write a Field Hospital Drill Book, but such a book must one day be written. We may, however, glance at some matters where the elements of routine are visible. Infantry drill must form the basis of the routine, with certain movements for mules copied from Mountain Artillery drill.

Falling-in.—If space admits, men may fall-in in a line Two Deep, each section forming up in this manner under its Officer and Warrant Officer, like companies in a battalion, at wheeling distance. After being inspected as sections they may combine into divisions of a Field Hospital, that is to say, 50 beds of the present 100-bed hospital; these divisions may again combine until the men stand on parade as a full Field Hospital, mules, &c., being absent. The hospital Store-keeper's men allotted to sections should fall in with their sections and remain by them through the drill. A Field Hospital, so formed up, is like an Infantry company; the Officers would be so posted, and the Warrant Officers be in the supernumerary rank in the rear. If more than one or two Field Hospitals is on parade, the elements of a battalion exist, and for parades of the men only without mules, the battalion routine is the rule. After the men have been inspected the most usual duty needed is the loading of mules and camels. To do this the men should be formed into Fours-Deep and each section of Fours will make a "Loading Detachment."

Each detachment of Fours may be numbered from right to left, and any number of detachments may be set to work by the order—

"No. 1 Detachment, take post for loading, Quick March."

Nos. 1 and 2 of the Four men move to the right and Nos. 3 and 4 to the left of the loads placed ready for the mules, and come to their front, facing as the mules face. The Four men then stand at "Attention" or stand at "Ease" until the loading drill begins.

For loading it is needful to place all the loads of a section in regular order and in line, generally down the centre road of the *section* if there be 100 beds in the hospital—or on either side of the main road of the hospital, if there be only two sections, 50 beds or so.

The mule loads to be laid out from No. 1 to Nos. 33 and 34 in regular sequence on the ground, and the muleteers ought to know the numbers of their loads, so that they can at once file on their loads when ordered.

Loads to be one pace apart if for the same mule, and two paces interval to be between each mule load, so as to allow the loading party room to work.

On the order "*Lash up the loads*," one man goes to the mule intended for the pair of loads and takes the two pairs of loading ropes and issues them one to each of the Four men of the loading party. These men securely lash the load with the regulation knot. When this is done the men place the rings of the loading rope facing inwards towards the mule, and then front and stand to "Attention," waiting further orders.

On the order "*Prepare to load*" the Four men turn towards the load and seize the load, and on the order "*Load*" lift it and place the rings on the iron hooks on the saddle, and then on the word "*Front*" again resume their original position.

It is presumed that the muleteer is standing in front of the mule's head to prevent the animal bolting during the loading. The mules should file out of the transport lines in regular order at all times, numbers following each other

and should draw up, if possible, a mule length in the rear of the load, so that the loading ropes may be taken easily off the mule. The order "*Muleteers file on your loads*" will bring the mules between the boxes as already described, and the loading goes on as laid down above. The order "*Loading Detachments reform sections, Quick March,*" will bring the loading parties once more into their position on the parade, and they may form up in Two-Deep.

When the muleteer leads his mule between the loads, he stands looking to the front and holding the mule's bridle with his right hand close up to the mule's muzzle. On the order "*Prepare to load*" the muleteer places himself in front of the mule's head to prevent him moving during the loading. When the mules are loaded, they should move outside the Field Hospital camp and form up on the parade in front of it on a marker.

The principal way of forming up is in "Column of Sections." That is by bringing the loaded mules up two abreast in a long column of two mules carrying each two loads abreast of one another. The riding mules would also be two abreast, and the *dandies* in the same formation. If in this formation the A. H. N. C. and European Orderlies are at "Detachments Front" that is, they are formed up in Fours in front of the section and lead it on the march. If, however, any special reason exists, they may be at "Detachments Rear," and be massed in the rear of the section. But if any special reason exist, they may also be scattered along the column, one man with each mule, this, called "*Forming the Order of March.*" On the command "*Form the Order of March,*" the front rank moves along the off-side of the mule column, and the next rank along the near-side, and so on in succession until the detachments are extended along the column.

If marching in "Column of Sections," that is, two abreast, then the order "*Form Column of Route*" will bring the

double into a single column of one loaded mule or one *dandie* only. This is needed in many bad mountain roads. The word "*Take ground*" is used for all turns. Thus "*Right take ground*" is equivalent to right turn, and "*Left take ground*" to left turn, the muleteer moving his mule round with the command. The word "*Reverse*" will cause a right-about turn and the word "*Left Reverse*" will cause all the muleteers to turn to the rear at once; turning the mules round by the left. "*Right Incline*" will move the column towards the right, and "*Left Incline*" towards the left.

The words "*Field Hospital*" should preface all commands as a preliminary warning.

Space between Mules.—On the line of march one yard.

Need of a Bugler.—For all drills and movements as in the daily working of the hospital, the need of a bugler is essential; any one who tries to do without this help will regret it exceedingly. It is advisable to send markers out on to the parade ground left spare in front of the hospital, which is generally 30 yards deep by 50 or 60 yards long. On this space the Field Hospital forms up before marching off.

If in column, a marker for the head of the column is needed, and for each sub-division a marker may also be posted, marking the head of the column of *dandies*, head of the riding mules, head of the equipment mules, head of the camels and head of the baggage.

If, however, this long column cannot form up owing to shortness of space, the hospital may form up in lines at close or open intervals, each group being formed in line at a distance of eight paces from each other.

The succession of lines will need a marker at the right of each thus, one for the line of *doolies*, one for the riding mules, one for the equipment mules, and so on—the succes-

sion of lines filling in more easily into a compressed space. These lines are turned to the right or left and marched off in succession to form column for the march.

POSITIONS OF OFFICERS, SUBORDINATES AND MEN.

Guard.—Ten paces in front of the hospital column.
Half the Guard at the rear of the hospital column.

Escort.—Scattered along the hospital column in part, and half with the camel and baggage column of the hospital.

European N.-C. O. Writer and Orderlies not on duty.—At the head of the hospital column, ten paces behind the Guard. The bugler marches with these men.

If the order "*Detachments Rear*" is given, these men march in the rear of the section. At the order "*Form the Order of March*" they place themselves alongside every second equipment mule of the section and aid in getting it along if needed.

A. H. N. C..—In immediate rear of the European detachment in column of route.

Detachments Rear.—In rear of the section.

The Order of March.—With every alternate mule of the equipment mules.

S. M. O..—Leading the hospital column behind the Guard, but in front of the European detachment.

Other Officers.—Leading their sections.

Warrant Officers.—At the rear of their sections.

Senior Apothecary.—Rear of the hospital column.

Officers' and W. O.s' Syces.—At the head of their Officers' sections in rear of the A. H. N. C. detachments.

Other Servants.—With the baggage column.

Store-keeper.—With the equipment camels.

Transport Sergeant.—In rear mule column.

QUETTA, GEORGE J. H. EVATT, M.D.,
November 1891. Surgn. Lt.-Col., M.S.

APPENDIX A.

FIELD SERVICE EQUIPMENT.

TABLE III.

The following Tables of the Articles to be worn on the person, and carried as kit, by British Officers and men is published as a guide, and may be modified if necessary. Only the uniform that is detailed below is to be taken. All kits of Officers and men, and all other baggage, stores, &c., to be weighed before leaving for service, and care is to be taken that the authorized weights are not exceeded :—

CARRIED ON PERSON.					
ARTICLES.				Officers.	Warrant and N.-C. O's. and Men.
Helmet (in khaki cover without ornaments)	...			1	1
Khaki coats	...			1	1
Do. trousers (dismounted men)	...			...	1
Bedford cord pantaloons (Officers)	...			1	...
Walking boots	...		pairs	...	1
High boots, brown leather	...			1	...
Putties	...		pairs	...	1
Spurs (Officers)	...		"	1	...
Drawers (ditto)	...		"	1	...
Flannel shirts	...			1	1
Socks, woollen	...		pairs	1	1
Banian	...			1	...
Flannel belts	...			1	1
Braces	...			1	1
Pocket-handkerchiefs	...			1	...
Sword	{ with belt and ammunition	...	{	1	*1
Revolver				1	*1
Watch	...	...	...	1	W. O. 1
Note-book	...	...	...	1	{ W. & N.- C. O. 1
Water-bottle	...	...	...	1	1
Haversack (with knife, fork and plate)	...	...	...	1	1
Knife, clasp with lanyard	...	...	...	1	...
Map, linen	...	...	...	1	...
Compass	...	...	...	1	...
Pocket, first field dressing	...	...	...	1	1
Emergency ration †	...	...	...	1	1
Pocket dressing case	...	...	...	†1	†1
<i>Carried on Saddle by Officers—</i>					
Cloak and cape	...	...	...	1	...
Field glasses	...	...	...	1	...
Mess tin	...	...	...	1	...
Baggage straps	...	...	...	3	...

* N.-C. Officers to carry arms and accoutrements.

† When detached for duty on which there is a possibility that the ordinary ration may not be available, each Officer, N.-C. Officer and man will carry one day's emergency ration. When troops are detailed for each duty, the Medical Officer in charge will make immediate requisition on the Commissariat Department for the rations required.

‡ Medical Officer and Medical Warrant Officers only.

CARRIED IN KIT.

ARTICLES.	Weight.		Number per Officer.	Number per Warrant and N.-C. O's. and Men.
	lbs.	oz.		
Khaki helmet cover ... ..	...	1½	1	1
Khaki coat	1	...	1	1
Khaki trousers ... ..	...	15	1	1
Cloth trousers (dismounted men) ...	2	3	...	1
Bedford cord pantaloons	2	8	1	...
Serge coat	2	...	1	1
Forage cap, service ... ..	...	5½	1	1
Great coat (dismounted men) ...	6	...	...	1
Walking boots and spare laces ...	3	8	1	1
Putties pairs ...	...	12	1	1
Drawers (mounted Officers) ... ..	...	14	2	...
Flannel shirts	1	2	2	1
Socks, woollen pairs ...	...	4	3	2
Banians ... ..	...	6	2	...
Flannel belt ... ..	...	6	1	1
Pocket-handkerchiefs ... ..	...	1	5	...
Housewife ... ..	...	6	1	...
Holdall* } Officers	2	...	} 1	1
} Men	1	2		
Towels ... ..	...	8	2	2
Blankets (the 3rd in cold season only)	4	8	3	3
Wolseley valise (or light bedstead) ..	9	...	1	...
Pillow-case ... ..	...	4	1	...
Water-proof sheet	2	8	1	1
Basin (canvas or rubber)	1	...	1	...
Tin of grease for boots ... ..	...	4	1	1
Small book ... ..	...	3	...	1
Field service Deptl. Code, Medl. ...	...	...	\$1	\$1
A. Regns. I, Vol. VI ... ..	...	...	1	1
Lett's Diary, small ... ..	...	4½	1	...
Writing case	1	...	1	...
Filter, pocket ... ..	...	7	1	...
Lamp or small lantern, &c.	2	...	1	...
Cardigan jacket	1	8	1	1
Mittens, warm, prs. { For cold season }	...	3½	1	1
Warm coat { only }	4	2	...	1
Balaclava cap ... ..	...	4	1	1
Cooking, utensils, sets ... ..	...	...	As required.	...
Enamelled tin plates, cup, &c. ...	...	...	Ditto	...
Log line for packing ... ..	...	...	Ditto	...
Total weight for Officers	70	...	...	...
" " " Warrant Officers ...	40	...	...	...
" " " N.-C. Officers and Men	36	...	...	...

* To contain.—For Officers, 1 brush, 1 comb, 1 cloth, 1 tooth-brush, 1 piece of soap, 1 nail scissors, spare buttons, 3 yards tape, 1 looking-glass, 1 razor, 1 strop, 1 shaving brush. For Men—As per Regns. (except knife and fork), also a supply of needles, thread, buttons, and a piece of soap.

APPENDIX B.

THE DEATH-RATE AMONGST FOLLOWERS OF THE ARMY IN
INDIAN CAMPAIGNS.

As the whole of the Hospital Staff in India are "followers," and as such receive less food, less baggage allowance, and less tent accommodation than the sepoy or native soldier, it may be interesting to see the result of such a condition of affairs on the health of the "followers." The whole of the Army Hospital Native Corps, and all the sick carriers (*doolie* bearers) are officially followers, and although their work is exhausting to a degree and requires service day and night, their food allowance is below the sepoy standard. They also receive a bronze war medal instead of the silver one given to the sepoy. The following extract of a paper read at Rangoon by Deputy Surgeon-General Sibthorpe, Indian Medical Service, is so important, and reveals such a state of suffering and misery, that it may be quoted in full:—

EXTRACT FROM THE "INDIAN MEDICAL RECORD," CALCUTTA,
APRIL 1ST, 1892, PAGE 129, 2ND COLUMN.

*The Fearful Death-rate among Native Followers of the
British Army in Burmah.*

"In the Presidential Address of Deputy Surgeon-General C. Sibthorpe, Indian Medical Service, to the Burmah Branch of the British Medical Association, there occurs this significant passage—

"General Hospital Native Troops and Followers.

"Dr. Donnelly says—'Close on 6,000 (six thousand) persons passed through its portals only 400 (four hundred) recovered to return to their duties in the field.' This is a most awful indictment against the authorities concerned in the recruitment of this unfortunate, though necessary, section of the army in India.

"The condition of these followers is described as being deplorable. Says Dr. Donnelly, 'they were emaciated sometimes to the last degree, and this was not altogether owing to the malaria or actual disease, but was in a great measure produced by a want of food suitable for persons no longer in robust health.'

"Amongst those whose condition was most pitiable on arrival, few could help noticing the followers, their work had been heavy, many had been badly selected, and were quite unfit to cope with the climate and the privations; they were only fit to be sent to their own homes for discharge when they became fit to travel.

"This terrible mortality in itself—associated as it is with a definite and preventable cause—is a most calamitous indictment against the Indian Government. Of 6,000 native followers who passed through the portals of General Hospital, only 400 recovered to return to their duties in the field. And this from sheer neglect to provide the necessaries of life for the most dependent and helpless section of our army in a hostile climate."

This does not in any way include the followers who died before reaching the Base Hospital, who must have been very numerous.

