WITH THE THIBET MISSION FORCE.

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ALTHOUGH the Thibet Mission Force is a small one, the physical conditions of the country and the long lines of communication present features of some complexity for the medical as well as for the supply and transport branches.

For a fighting force of some 5,000 men no less than 10,000 persons are employed on the lines of communication. Mule, pony and bullock corps drivers enlisted in India, and coolies from Baltestan, Poonah, Nepal, Sikkim and Thibet, are scattered over a line extending over 200 miles. From the Teesta valley—one of the most malarious tracts in India—it runs through Sikkim, in parts of which the rainfall reaches 300 inches a year, over the Nathu La Pass, 14,500 feet above the sea, and on for 120 miles over the Thibetan plateau to Gyantse.

The medical treatment of all these necessitates a somewhat elaborate system of hospitals, and many of these, in a country where, at this time of year, tents are useless for the purpose on account of the heavy rainfall. Luckily in these parts the bamboo is plentiful, and very satisfactory huts, constructed from floor to roof entirely of bamboo, are run up in a very short time.

I have heard of two cases of what appears to be genuine black-water fever in the Teesta Valley, and malarial fever is still very prevalent among those who were in the valley last autumn. Dysentery also disables a considerable number on the line south of the Nathu La. Cholera has recently shown itself at a number of points, though at only two places have there been definite outbreaks, and these have been confined to grass-cutting coolies and other inhabitants, the troops and followers having, so far, escaped. In a country where springs, streams and rivers are so abundant, it is no easy matter to ensure that men so regardless of the quality of the water they drink shall take it only from a safe source; but here again the bamboo comes to our aid; and with bamboo piping, at some fifteen or twenty posts, water has been brought right into the camp from a safe distance, and at very small labour and cost, for here, as in most cases on service, the difficulty is not so much to find a safe source, as to prevent its being contaminated by the troops and followers themselves.
The transporting of sick to the base quickly enough to prevent overpowering of the single sections of field hospitals, arranged along the line at intervals of about forty miles, is no easy matter. Only as far as Guntok, about sixty miles, is there a cart road, and though ambulance tongas are used on this, the state of the road makes it far from a pleasure to ride in them. Over the Nathu La, for a distance of some eight miles, neither riding ponies nor the regulation dandy are possible, and we are met by the still unsolved problem of a suitable means of transport for hilly countries. Different forms of improvised stretchers and hammocks are being tried. From Gyantse to the Nathu La both ponies and dandies can be used, but when it is remembered that one day's feed for an animal at Gyantse has cost about seven shillings, it can be understood that they are none too plentiful, and as the hospitals have been sent without their complement, they have to be obtained when possible from the general transport.