

Echoes from the Past.

PERSONAL RECOLLECTIONS OF THE AFGHAN CAMPAIGNS OF 1878-79-80.

THE "DEATH MARCH" THROUGH THE KHYBER PASS IN THE
AFGHAN CAMPAIGN, 1878-79.

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CHAPTER V.

ADVANCE TO JALALABAD.

THE hospital remained at Dakka until March 25th, 1879, when it was relieved by a field hospital of the 2nd division, which division was then moving up the line of communications to allow the 1st division to push on to Gandamak.

General Tytler and his brigade also moved forward at this time to Jalalabad, and he was most careful to give strong escorts to the hospital. The writer has in war time been left in imminent danger on occasions without any escort whatever, surrounded by helpless hospital servants and defenceless doolie bearers. No soldier is ever exposed to such risks in ordinary war experience.

Sir Sam. Browne was then at Jalalabad, where the headquarters of the 1st division were concentrated. A large hospital had formed there under Surgeon-Major Porter, Medical Staff, who had arrived out from Netley in March. On the writer joining this headquarters hospital his independent existence merged in the larger hospital.

Advantage was taken of the stay at Jalalabad to visit the many interesting Buddhist remains which surround this historic old town, and we found in Mr. Simpson, the war artist of the *Illustrated London News*, a most enthusiastic cicerone. Sculptured faces of the Græco-Buddhist type were obtained in quantities, and shrines were unearthed which had evidently been covered up since the period of the Mahomedan invasion, some seven hundred years before. Buddhist caves are also found on the banks of the Kabu River close by Jalalabad.

As far as Jalalabad itself was concerned, we had the good fortune to be taken round the walls by Major Bailey, Paymaster of the Rifle Brigade, who had taken part in the old siege in 1841.

It was a most interesting and an almost unexampled occurrence that, forty years after an event like the old siege of this town, one should have had the opportunity of hearing an eye-witness describe what he had seen in the past. "From this point we saw Brydon approach." "There it was that Dennie fell." "I remember when the earthquake occurred, I was just here." "That is Piper's Hill," and so on. There were in the force also some old native officers of Native Cavalry who had been up the Khyber in the old war, and at Kabul. There was a Hindu who had been a bugler in the old Army, and had remained behind at Kabul and married in the place. Certain Gurkhas of the Charikar garrison of the old days had survived the massacre there, and had remained in Kabul; some of these visited the Gurkha regiments in the Bala Hissar in 1880.

On the night of April 2nd, 1879, while sitting in the mess tent after dinner, a horse was heard galloping into camp, and some one said, "Hallo, some one has come to grief," and as Surgeon Cornish had gone out that evening on reconnaissance duty with a cavalry force under Major Wood of the 10th Hussars, there was some chaff as to its being his horse. Immediately after a stampede of horses came through the camp, and in a few moments orders came for the ambulance detachments to fall in and move down to the river. Surgeon Ryan and the writer were with one of these parties, and we took a team of doolie bearers, &c., down to the river side. It was a dark night but the stars were out, and the Kabul river was dashing turbulently over its rocky and boulder-covered bed, the snowy foam standing out clear and distinct against the dark waters. The roar of the river, which seemed to be in flood from the melting snows further up, drowned every other sound. We could scarcely hear each other's voices as we traversed with difficulty the broken banks of the river, and made a search along its course for a considerable time. Except the sound of the rushing torrent all was still as the grave, and not a trace was evident of the catastrophe that had just occurred; and one officer and forty-six men had been simply wiped out by an accident which probably will not happen again for centuries. Owing to a gap in the column the leading men of a troop of the Hussars missed the ford, and seem to have gone over into the deep water, and had been swept away without giving any alarm whatever. Many of the bodies were carried miles

down the river towards Dakka, amongst others that of Lieutenant Harford.

As daylight came on and the banks lower down were searched, the bodies were found jammed amongst the boulders and under the rocky banks. The men were in full field marching order, khaki with putties, and warm under-clothing. They had their swords on, and carried their carbines slung over their shoulders, and their pouches were full. A man so accoutred simply had no chance against the swollen river.

The bodies as they were found were brought to the mortuary tents of the field hospital, and they presented a most painful sight. Fine men in the full vigour of life, dressed and armed for the fight, were lying in every conceivable position of pain and contortion, and many seemed to have been kicked by the troop horses in the struggle, or dashed against the boulders and injured about the head and face.

They were buried together in one long grave in the Jalalabad temporary cemetery.

Surgeon Cornish, who was in charge of the column, escaped by wonderful luck, but the poor fellow was shot down by the Boers a year later on that fatal Majuba Hill, and died on the field. Had a choice been his, he would have rather perished with the Hussars of his own regiment, to which he was devotedly attached.

Sir Charles Gough's action with the Khugianis at Fatehabad in front of Gandamak, occurred almost simultaneously with the disaster to the Hussars, and the dead body of Lieutenant Wiseman, of the 17th Foot, who was killed in the Fatehabad fight, was also sent down to Jalalabad for burial. This officer, who was not of high stature, was cut down while attempting to capture an Afghan flag, and was desperately slashed about the face with the murderous Afghan knife, the wounds of which are certainly thorough in the fullest sense.

But the Fatehabad fight, apart from its perfect result in over-awing the Khugianis, who after it gave no more trouble, will long remain memorable as being the place where Captain Wigram Battye, of the Guides, met his death. He was an officer of the most singular charm of manner, and greatly beloved by every man in the column who had the pleasure of knowing him. Already wounded in the Ambela campaign, he met his death by a bullet wound at Fatehabad, and leaves a name which cannot be forgotten for many a day. His death was a serious loss to his regiment.

Jalalabad was now getting hot and the dust storms were very

trying, so that when definite orders for the advance of the division towards Gandamak were received, everyone who was nominated for the movement was glad.

The writer marched up with the main portion of Surgeon-Major Porter's field hospital, and the march was again made memorable by the utter fatigue and trouble caused by the unwieldy field hospital camel trunks weighing down the underfed camels; for the march to Gandamak is a gradual rise the whole way. The time was spent on the march pulling and hauling at heavy camel loads, and helping the animals to rise. While at this work one day I saw the field hospital purveyor, a kind of commissariat gomashtha, in whose nominal charge all the equipment was, passing onward reclining in a doolie, and not taking the least interest in his burdensome loads.

The whole purveyor system, by which a commissariat subordinate is placed in nominal charge of hospital equipment, although his men are too few to load it or care for it on the march, is a wretched compromise. These men, like all who serve two masters, really serve neither, and play off the Medical against the Commissariat Department on a kind of battledore and shuttlecock principle, rendering themselves and their servants an element of indiscipline in any hospital.

After seeing the medical services of many European armies, I find that it is only in India this system now survives, and if the medical service demands power to do its own work and freedom from outside control, it ought to accept the responsibilities these claims entail, and be fully answerable for all equipment needed in its work. Half measures in this, as in most things, develop half men.

Marching on past Rozabad, with its pleasant country houses, and also past the newly-formed post of Fort Battye, below, on the left of the line of march, lay the shady gardens of Nimla Bagh, after which the column reached the height of Gandamak, or Safed Sang, where the division halted.

CHAPTER VI.

GANDAMAK.

The air on those breezy heights in the early April days was cool and pleasant, and in front of the camp rose the pine-clad slopes of the Safed Koh, whose peaks were still crested with snow. Along the lower slopes of these mountains lay a series of pleasant-looking villages, and a track, far shadier and with more water-supply than

the central road on the valley, by which the division had to march, led through them to Jalalabad. It was such a pleasant change from the heat, the sand, and the flies of Jalalabad.

At first the force encamped in comparatively low-lying ground of alluvial clay, but after a few days there it moved to a new camp site on the stony higher ground, and the doctors were busy for some time in organising their new hospital camp. The sick began to increase as the weather got warmer, and many cases of typhoid occurred amongst the officers and men. The force lost here Captain Preston, of the Rifle Brigade, Allfrey, of the 17th Foot, and some other officers.

Continual "shaves" were in circulation as to an advance in light order on Kabul, and the medical department was continually being called upon to state what was the very minimum of equipment with which it could move on Kabul. The most hard man to deal with in all such questions was Colonel Macgregor, then Chief-of-the Staff to Sir Sam. Browne. Apparently in the rudest health himself, and cast in the mould of a Titan, as far as muscular strength was concerned, he did not realise that an army should have sick and wounded, and needed carriage or establishments. This of course is a wrong idea. The more civilisation advances in times of peace, the more will the return to the comparative savagery of war and field service affect that large number of men in the world whose systems keep in working order by a regular routine of food and work. The moment anything occurs to throw this routine out of gear, sickness results with many men whose equilibrium of fitness is easily disturbed.

But to try and ignore what cannot be ignored is vain work, and it is better to accept the facts as they stand and provide for them than to try to crush out what in the end never is crushed out. No army yet ever marched ten miles into an enemy's country, nor was left for a few hours without food, that the weakly men did not begin to break down, or those who managed to exist in cantonments with regular meals and light work did not begin to yield to the strain of field service.

Colonel Macgregor seemed to remain rooted to the idea that the medical department needed too much, and that Kabul could be rushed without losing more than a few men.

As regards the opinion of staff officers in general on medical work in the field, it should never be forgotten that, while a staff officer during his training for his duties is sent to cavalry, artillery and infantry, to gather a general insight into their internal routine

and methods of work, he is never sent to a hospital to see its working, nor does he ever see field hospitals at work in peace. He knows nothing, therefore, of the interior economy, of its fatigues, its responsibilities, or its many weaknesses in trying to carry out its work. He may, therefore, find fault at times without knowing the causes of the faults discovered.

A medical officer said that during a campaign he was dropped on by a staff officer for being late in moving off his field hospital. He replied, "I have been hard at work for hours this morning trying to be in time. Had you known my troubles, you would certainly not have found fault."

When it is remembered that batteries and battalions are every day in peace practising their war routine, and that every man in the unit is, as a rule, able to help himself, while the medical service practically never sees its equipment or its *personnel* until war is declared, the difference in rapid working is easily explained. A field hospital can be made as mobile and as efficient as a field battery is mobile and efficient, when the hospital gets the same continued practise, the same good *personnel*, and the same opportunities of efficiency. Medical officers would like very much to ask any non-medical staff officer to take over 100 helpless men and try and move them off in time with the scratch teams of wholly undisciplined followers. The experience he would gain would do him much good, and he would learn the difficulties. It is also to be remembered that general command in the army never comes to medical men, and they are never in a position to enforce their demands for help.

As the idea of an armed advance on Kabul died out, the only excitement that occurred at Gandamak was the report that the Amir Yacoob Khan would probably come down to arrange the treaty himself, and in May he did arrive. A camp was pitched for him in a grove across the Safed Sang stream, and various parades were held for his amusement. Here, for the first time in India, Gatling guns were used, but they were not very successful, the machinery jamming at intervals.

The Gandamak treaty was at length formulated and signed, and many will remember seeing Mr. Jenkins, the Assistant Political Officer, starting for Simla to lay it before the Viceroy, the document itself enclosed in a tin case carried carbine fashion behind his back.

CHAPTER VII.

THE "DEATH MARCH."

As soon as the ratification of the treaty was complete, arrangements had to be begun for the return of the troops collected at Gandamak and on the communications to India, and the mass of sick at the field hospital had to be arranged for.

Cholera was already prevalent in the Peshawar Valley, and the question had to be discussed whether it would be wiser to push the troops down into the cholera-haunted Peshawar and Northern Punjab, or to remain at Safed Sang during the hot months and return to India in the autumn, when cholera would probably have ceased.

The medical authorities at Simla decided that remaining at Safed Sang would not mean escape from cholera. There was at that time at Simla a very able sanitary observer, whose opinion on any such question was of great value, viz., Surgeon-Major Brydon, who was at that time Statistical Officer to the Surgeon-General with the Government of India. Any one who reads his papers will see what a clear-sighted and philosophical observer he was.

The wave of cholera was evidently moving up the Khyber, and even if part of the army did remain on the high ground above Jalalabad, a very large proportion would have had to remain along the Jalalabad-Dakka-Peshawar line to hold the communications, and they would have suffered severely. The cholera did eventually move up the Kabul road, and at Kabul itself did much mischief. When the return to India began, it fell to the writer's lot to march from Gandamak towards Peshawar on June 6th, 1879, with a large sick convoy, similar detachments of sick having moved off daily for some time previously. Thus began the fatal and exhausting "*death march*," in which Sir Sam. Browne's division retired from Gandamak, leaving its airy heights for the stifling Jalalabad plains, and onwards into the furnace-like gorges of the rock-surrounded Khyber route. The convoy consisted of fifty European and thirty native sick. There was a mass of several hundred doolie bearers, undisciplined, practically unorganised, and without any staff to keep them in order. The labour of getting these masses of men into order and preventing them shirking their duty was very great.

While other officers in the same column joined their battalions or batteries a few minutes before the hour fixed for the column to move off, and found their companies standing on parade, practically ready at once to move off, the medical officers had to rise two or

three hours before reveille, to call their kahars, prevent their running away, give early refreshment to the sick, strike camp, and be in time to move off with the column. Work like this is most exhausting. Only by the greatest efforts was it possible to move off in time with the column, and many convoys were late, and delayed the troops in marching off, thereby throwing out all arrangements as to time or distance. This always will be the case in war so long as the sick are in the hands of undisciplined camp followers with no cadre of trained men to give them form and order.

Judging by subsequent experience in the second Afghan and Soudan campaigns, there is no doubt whatever as to what a medical officer should have done on this fatal return march. He should have applied to the General Officer commanding the column for a permanent armed fatigue party or hospital guard of English soldiers, and have let them day by day assist in the toil of starting a large convoy of helpless sick, so that the General might feel that he, and not the medical officer, was really responsible for the safety and care of the sick of his force.

Fifty men so detailed, like the infantry escort of a battery of artillery, would in a few days have learnt the routine of starting the convoy, and 4 or 5 per cent. of native non-commissioned officers, sent for duty with kahars, would in a few days have so wheeled these consummate shirkers into line as to minimise, at any rate, the daily grind of collecting them, moving them off, keeping them together in the column, and finally pitching camp on marching in.

The absence of peace training, and the divided responsibility over the ambulance transport, which enables every intelligent rascal to escape serving either master, is to blame for much of this, and it would be better to accept a very small but permanent cadre in peace, that could be completely disciplined and drilled by the medical department, than to be flooded in war with crowds of undisciplined rabble with no element of cohesion in them, and no trained cadre which could be a model and a help in assimilating the remainder. Divided authority is and always will be fatal to efficiency in any branch of the service, and the more intelligent the branch the greater the danger.

It is so much the habit in both the military and the medical sides of organisation questions to try and differentiate between the medical and military services, that it requires some courage to say that every individual in the medical branch of the army requires, in addition to his technical professional training, the spirit,

the ideas, the discipline and the methods of the soldier; and the highest technical efficiency in the military surgeon may be handicapped beyond measure if it is not combined with what are called the soldierly virtues. Elaborate scientific training may be so overbalanced by slackness of discipline, want of punctuality, absence of knowledge of army methods as to how best to apply the scientific knowledge, that there is hardly any knowledge the soldier possesses the soldier-surgeon does not need.

An incident occurred during the very early part of the first campaign of which the writer had the fullest personal knowledge.

While in camp at Ali Musjid field hospital a medical officer arrived with the convoy from Jumrood and dined at the hospital mess. Amongst other questions asked of him, someone enquired who commanded the convoy. He replied, "I don't know what his name was, but he was a very active fellow, worked awfully hard, and kept the convoy well together! I think he belonged to the cavalry." No more was thought of the matter at the time, but next morning while walking about the camp with the medical officer, he said to another officer, "By the way, there is the officer who commanded the convoy yesterday."

The Commander was recognised as Mr. Burke, the well-known Murree photographer. There is no doubt whatever that Mr. Burke, being with the straggling convoy, saw that it was his duty to do his utmost with the party of the convoy near him, and at all hazards to get into camp.

This fact is quoted to emphasise the opinion that in an army in the field no officer and no man in the force can strictly and accurately define his own duties. He must be ready to put his hand to any work, and undertake any fair responsibility, feeling that he works for the common aim of the whole force, viz., victory in the field.

Any divorce, therefore, between the medical service and the fullest training and drill in field routine in peace for war, and any wandering away from military methods of work, would end in failure on field service and in efficient working in peace. The almost constant absence of training in drilled accuracy of work in peace injures medical efficiency exceedingly in war, and much of it arises from the absolute fear the medical officers often have of practising the routine and the methods and the applied drill of the soldier; and as a result they do not know the weak points of their field system until they are in the field, and it is too late to remedy defects.

Leaving Gandamak at the dawn of a hot June day, the return column reached Fort Battye, the first post on the Jalalabad road, in good form; it felt the heat more at Rozabad, which is one march from Jalalabad, and on the third day it marched into Jalalabad, the sick suffering greatly from the heat, the frightful dust, and the marching in the daylight for fear of the enemy. The want of water was also much felt by the troops. Foreseeing the want of water for the sick, the writer had drawn *pukals* at Gandamak for the field hospitals, and we had, during all this return march, a constant fight to keep them from the attacks of the duty soldiers in the column. The regimental arrangements with the troops for water were bad, and although it is treason to say so, it was because they depended too much on the company *bheesties*.

For Afghan warfare these men are of little use, whatever they may be in the plains of India, where water may be replenished every few hundred yards or so as a rule. In Afghanistan, water is only found at long distances apart, and a few minutes after leaving camp the *hand-bheestie's mussack* has run dry, and he can obtain no more water until he comes almost to the next camping ground; in the meantime the soldier must do without; for it is to be always borne in mind that the ordinary water-bottle used in India, made of a soda-water bottle covered with leather, is of no use in Afghanistan. There the air is dry beyond conception, and the evaporation from the body excessive, and the quantity of water the bottle holds is so little as to be useless. All those who remember the large bottles carried by the Amir's soldiers must have learned a great lesson from them, viz., the absolute need of having really large and useful water-bottles with every man in the column, soldier or follower. What is wanting in Afghanistan is the company *pukal* on mules in charge of a soldier of the company, who can prevent the water being wasted, or of an armed and disciplined follower for water duty. Such *pukals* take the place in Afghan warfare of the water-cart used in European field service, and should be recognised accordingly, and by identifying them with the company, they would go with it on outpost or detached duty, and be of great service.

Nothing to-day is so anomalous as to see a smart, well-turned-out mountain battery, whose duties compel them constantly to work on high ground, where water is almost impossible to obtain, followed by a lame, underfed tattoo with a magenta-coloured tail and driven by a half-naked *bheestie* marching behind it. Most

people would have thought that the water-supply would have been carried on one of the best-equipped and strongest mules of the team. In the Soudan the troops carried water in metal tanks fitting on the transport saddles, but they were not so cool and pleasant a water-carrying apparatus as the skin *pukal*. Before the army again crosses the frontier suitable provision for water-supply of the marching troops needs to be looked to.

About noon on the day of the arrival of the column at Jalalabad, a hot and dusty day, I was crossing over from the hospital camp towards the fort, when I met a gunner of the column coming towards me. He was faint and exhausted, and on his face was written in most unmistakable characters the fatal word "cholera." He was taken into hospital and arrangements made for his separate care until handed over to the local hospital authorities, but from that hour until the column separated at Peshawar the cholera haunted the march. The soldiers generally were in a depressed and exhausted state; the dust was very bad. Owing to an order from the General, the troops did not march until day-light had broken, and it was mid-June. Metalled roads there were none, water-supply was scanty beyond conception, and day by day the troops moved along the Jalalabad plain by Ali Boghan, Barikab, Basawal, and on to Dakka and the mouth of the Khyber. The men seemed to age day by day from the heat, and the nights were so hot as to make sleep impossible.

While thus marching in the sultry valley, on the right rose clear and cool the pine-covered sides of the Safed Koh, the summits still covered with snow, and on the left ran the beautiful Kabul river, miles away from the column, but still of great use to those lucky few who were able to run down to Dakka on rafts on its swollen waters. What an enormous boon to all future travellers it will be when the water route along the Kabul river from Peshawar to Jalalabad is made. It will deprive the journey of almost all its inconveniences.

"Sir," said one of the sick soldiers of the convoy who was travelling in a doolie, "I feel I am being roasted to death." But there was no help save to push on, and on the column pressed. Every one dreaded Dakka, which had acquired a bad name for health in the hot months of April and May. The cholera here was virulent to a degree. In one grave lie 19 men of the 10th Hussars who perished in that most fatal spot, and numbers of men of other corps are also at rest here in the rude cemetery beside the Afghan fort. Surgeon-Major Kelsall of the Medical Staff lies in the same place;

he died in his doolie on the road between Basawal and Dakka, and was hurriedly interred in the latter place.

Hurrying by Dakka the troops entered again the narrow defiles of the Khyber, a name deeply impressed on all English minds, but to-day not a shot was fired, nor did the ring of a single jezail echo on the mountains. Some baggage of the 9th Lancers was attacked, but nothing more. But day by day a far worse foe than the marauding hill-men dogged the troops, and the cholera clung to us, and there was no respite from the exhausting heat.

The worst day was at Kata Kushtia, a singularly narrow defile above Ali Musjid, where the cliffs on either side tower above the narrow causeway, and where the men had to encamp on ground which seemed to have been a constant camping ground for the troops who had preceded them. All day long the men were falling sick with cholera, and the writer, up to that date in rude health, began to feel exhausted from working all day in the sun, the increasing anxiety about the hospital, the weary grind of moving it off, the perpetual strain on the march of preventing the undisciplined baggage column from swarming in on the sick and suffocating them in their doolies, already as hot as ovens, and, to crown all, the cholera. Whenever one tried to sleep one dreamed only of doolie bearers, and it was just like the worry of the march, and quite unrefreshing.

The column encamped next day on the Sherghai heights, the heat on the stony ground being intense, and the want of water, despite all the efforts of the Ali Musjid permanent garrison, being very marked. At midnight the stones around were so hot as to be uncomfortable to the hand, and few, if any, slept, even amongst the healthy men; what it was for the sick can be imagined. There was, however, one hope in front. The dear Indian plains would be in view in the morning, and the troubles, as far as want of shade and water were concerned, would disappear.

Next day the troops moved off at sunrise, as the lower part of the Khyber was said to be the most dangerous as regards marauders' attacks, and after a few miles march one saw in the distance across the hills the ocean-like expanse of the plains. Travel where one may, in Persia, Afghanistan, Baluchistan or elsewhere, India is still the garden of Asia, and its people the most easy to get on with and the most polite in the continent. Every one felt glad beyond measure to be, as it were, at home again, and bore the heat of Jumrood, a trying heat in June, with patience, but no one could look at the officers and men of the column without feeling that these were indeed those who had come out of great tribulation.

Compared to the men who, a few days before, had left the Gandamak heights, a great change had taken place. Gaunt and haggard, marching with a listless air, their khaki clothing stiff with dried perspiration, their faces thick with a mud of dust and sweat, through which their red blood-shot eyes looked forth, many suffering from that indefinite nervous affection called heat prostration, one could not help thinking with what a burden on her shoulders England maintains her weight of empire.

Every one had had enough of the Khyber, yet it is certain that if even then, in that hour of sheer exhaustion and of a physical prostration which words can never fully paint, the order had come to face about and again enter the Pass *to go to Kabul*, all would have willingly turned round.

But the hour had not yet come, and of those gallant men that marched back into the then deadly Peshawar Valley, I must have myself seen fifty die of cholera before, in the September days of the same year; we passed once more by the fort of Jumrood, the iron gates above Ali Musjid, and the graves of our comrades who perished in the campaign from which the troops were now returning.

Next day the troops were met at Hari Singh Burj by Surgeon-Major Porter, who, with Colonel Sanford, R.E., had been the pioneer of the return march, and I received from him the most considerate of P.M.O.'s congratulations that my hospital had come in in such good form, for sickness and exhaustion and overwork had played sad havoc with some of the other hospitals.

When, after handing over the sick to the base hospital at Peshawar, one enquired where one's brother medical officers were; nine were reported to be lying sick and only very few were fit for any duty, and it was difficult indeed for Surgeon-Major Porter to carry on the work. The doctors died and were invalided freely. Kelsall sleeps at Dakka; Wallace, whom all describe as a fine type of soldier-surgeon, lies at Landi Kotal; Gray died in Peshawar of cholera; Wright, who was with the Rifle Brigade, and was a singularly sweet, nice fellow, died at Attock of exposure, while getting his sick across the then unbridged river, and Dr. Gibbons, worn out by the campaign and the anxieties of the return march, survived one year and died in England, a broken man from the day he left the Khyber; the cheery, considerate Porter lived through the summer and the autumn, and on the second campaign went up with the Kuram column to Kabul and earned everywhere golden opinions. He, to the great loss of the army and the corps he belonged to, died in Kabul in the mid-winter of 1879-80, when his

Chief, Sir Frederick Roberts, announced his death to the army in words which will never be forgotten while the medical service exists, and of which it is sufficient to say that he earned them well.

The man most to be pitied during the campaign was the P.M.O., Deputy-Surgeon-General Gibbons. He had neither secretary, nor orderly officer, nor proper clerks to assist him, and he ran his office with the rheumatic corporal before alluded to. The C.R.A. had his Adjutant, the C.R.E. an able officer as his Brigade-Major, but the P.M.O., who was responsible for the health of the division, the working of the hospitals, the organisation of the convoys, and the statistical work of the troops, was single handed. Dr. Gibbons over and over again complained that no notice whatever was sent him by the staff of movements for which medical arrangements had to be made, and in consequence medical officers were hustled off on expeditions with practically no warning, yet were blamed if all was not ready. Any one can verify that by reading over the general orders issued in the later part of 1879, where Sir Frederick Haines draws special attention to this neglect, and directs more care to be taken in future.

Had Dr. Gibbons been the Commanding Officer of a Medical Regiment, charged with the care of the sick of the division, he would then have had an Adjutant for discipline and secretary's work, and a Quarter-Master for camp and stores work, and he would have had Orderly-Room Clerks and Quarter-Master-Sergeants for detail duties; but he was more than this. His duties corresponded to that of a Colonel on the Staff, charged with the administration of a strong department, and in daily communication with every station and corps on the line. No doubt whatever, what he should have done was to have taken *per fas aut nefas*, a medical officer as his staff officer and secretary, and another young officer as his orderly officer, and then thrown on the authorities the duty of filling up the vacancies so caused. Then the work would have been easier, and the wear and tear of the campaign minimised. However, he did none of those things, but attempted, off his own bat, to play a difficult and, for him, a fatal game. Had he died on the field the whole tradition of his office would have perished, as he had no one in his confidence, or who knew what his plans were, and when we went to his office for orders, only a corporal was found there, to whom it was impossible to state one's wishes. The P.M.O. has to go out daily seeing battalions and hospitals, and if he has no one left in his office of commissioned rank it is very objectionable.

Finally, let it be repeated that the medical service, mobilised in

a hurry, with little cohesion, with no defined method of work, changed over at a day's notice from an old system to one entirely novel, with units not existing in peace for war but gathered together from the four winds of heaven, was not, and never can be, under those conditions, an easy department to work on service. To-day things are better, at any rate people begin to know what they want; but the true model lies still before them, and that is the army one serves in and the units one sees daily at work around.

With such disciplined units, organised in peace for war, their work carefully thought out, their staff under the same control in peace as in war, with enough subordinates to do the wearying detail work, with orderlies trained and skilled in the care of the sick, and native attendants organised, drilled and trained as sepoys, as well as hospital attendants, success may come, if with these there are sympathetic commanders, who remember that the title "General Officer" means that he is equally interested in, and responsible for, all under his command.

These ideals are not impossible nor even difficult to realise. The faults existing are not wholly on the military nor wholly on the medical side; both are to blame, and both have prejudices that must be either dissolved or rent asunder. Either the medical service should throw up its claims to autonomy and accept a subordinate rôle with military commandants in every field hospital and a disciplinary and executive staff apart from the technical medical staff, or it should itself boldly claim all the titles, powers, and responsibilities which such commandants would receive. Men must know whom they are to obey, and discipline must be maintained, and the means of doing work must be given.

APPENDIX No. I.

Return March of the Troops from Afghanistan to India through the Khyber Pass, June, 1879.

GENERAL ORDERS BY HIS EXCELLENCY THE COMMANDER-IN-CHIEF, GENERAL SIR FREDERICK HAINES, G.C.B., &C.

Head-Quarters, Simla, October 14th, 1879.

The Commander-in-Chief has had before him a report from the Surgeon-General of British troops of the medical arrangements and events connected with the return to India from Afghanistan, through the Khyber Pass, in June last, of the 1st and 2nd Divisions of the Peshawar Valley Field Force.

(2) With cholera on the line of march, excessive heat, entire

absence of shade, and a scarcity of water, the return march of the advanced columns must be considered one of the most trying operations of the war; and His Excellency is gratified to learn that the troops met the hardships to which they were inevitably exposed with cheerfulness, and that throughout an excellent and self-denying spirit animated all ranks.

(3) Sir Frederick Haines desires, however, to place more especially on record his appreciation of the valuable services rendered to the army on the occasion referred to by the Medical Staff of both Services during the march itself, and subsequently in the severe outbreak of cholera to which the garrisons in the Khyber and at Peshawar were subjected.

(4) That the Medical Staff did not spare themselves in meeting the anxious and arduous responsibilities that developed upon them is too sadly proved by the lamentable death within a few weeks of four of their number (Surgeon-Majors Kelsall, Wright, Gray and Wallace), and the large amount of sickness amongst the remainder.

(5) While grateful to all for the zeal and devotion displayed in the discharge of most trying duties, the Commander-in-Chief is more especially so to Surgeon-Majors J. H. Porter and J. A. Hanbury, of the British Medical Service, for their able and efficient arrangements; and to Surgeon-Major C. J. McKenna and Surgeons S. H. Browne and W. H. Cadge, of the Indian Medical Department, and Surgeon-Majors Melville Jones, G. J. H. Evatt, and H. Cornish, and Surgeons C. P. Turner and W. J. LeGrand, of the British Medical Service, for their praiseworthy exertions.

(6) Sir Frederick Haines is authorised to State that His Excellency the Viceroy and Governor-General in Council entertains the highest opinion of the efficient and meritorious services performed by the Medical Officers in the late campaign and on the return march to India; and while deploring the loss of so many valuable officers, His Excellency has requested the Commander-in-Chief to communicate the thanks of the Government of India to the members of the two Services generally, and specially to those named in the preceding paragraph; and to the undermentioned officers, who have also been brought to notice for their good services during the campaign:—

1st Division, Peshawar Valley Field Force.

Deputy Surgeon-General J. Gibbons, British Medical Service,
Principal Medical Officer.

Surgeon-Major G. S. Davie, British Medical Service, in charge
Divisional Field Hospital.

Surgeon-Major F. W. Moore, British Medical Service, in charge Base Hospital, Peshawar.

Surgeon-Major R. F. Hutchinson, Indian Medical Service.

” ” S. C. Amesbury ” ”

” ” G. C. Chesnaye ” ”

” ” A. P. Holmes ” ”

” ” H. Cookson ” ”

Surgeon H. Mallins.

2nd Division, Peshawar Valley Field Force.

Surgeon-Major A. M. Tippetts, British Medical Service, temporary Principal Medical Officer.

Surgeon-Major N. Ffolliott, British Medical Service, Base Hospital.

Kuram Force.

Deputy Surgeon-General F. F. Allen, C.B., Indian Medical Service, Principal Medical Officer.

Deputy Surgeon-General S. C. Townsend, Indian Medical Service.

Surgeon-Major J. Meane, British Medical Service, Senior Medical Officer.

Surgeon-Major Curtiss Martin, British Medical Service, in charge Base Hospital, Kohat, and subsequently of Field Hospital.

Surgeon-Major W. Nash, British Medical Service, Field Hospital, Ali Kheyl.

Surgeon-Major G. J. Gibson, British Medical Service, Field Hospital, Peiwar.

Kandahar Force.

Deputy Surgeon-General A. Smith, British Medical Service, Principal Medical Officer under General Stewart.

Deputy Surgeon-General J. Hendley, British Medical Service, Principal Medical Officer, Quetta Force.

Surgeon-Major W. S. Whylock, British Medical Service, Field Hospital, Kandahar.

Surgeon-Major J. B. C. Reade, British Medical Service, Field Hospital, Kandahar Force.

Surgeon-Major W. G. N. Manley, V.C., British Medical Service, Field Hospital, Quetta Field Force.

Surgeon-Major J. J. McCarthy, British Medical Service, Divisional Base Hospital, Quetta.

Surgeon M. Knox, British Medical Service, served with Field Divisional Hospital.

Warrant Medical Officers.

Apothecary E. Vyall.	Apothecary J. Barker.
„ J. Hogan.	„ H. I. Finnamore.
„ H. C. Hodgkins.	„ J. Forsyth.
„ C. Cordell.	„ P. Barrett.

In sub-medical charge of the several Field and Base Hospitals attached to all the columns.

(7) His Excellency in Council also desires his warmest acknowledgments to be conveyed to Surgeon-General J. H. Ker-Innes, C.B., for the very valuable aid he has rendered the Government. Sir Frederick Haines would add his own sincere thanks for the ready and able assistance he has at all times received from Surgeon-General Innes, who has added to a remarkable list of previous campaigns the distinction of having most successfully administered the Medical Department in the field throughout the late Afghan War.

The Surgeon-General prominently notes the valuable services rendered to him by his Secretary, Surgeon-Major J. A. Martson, M.D., Army Medical Department.

By order of His Excellency the Commander-in-Chief in India.

P. S. LUMSDEN, *Major-General,*
Adjutant-General in India.