

NOTES ON THE HISTORY OF THE MEDICAL STAFF CORPS
AND ARMY HOSPITAL CORPS, 1854-1898.

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Royal Army Medical Corps.

THE Medical Staff Corps was first constituted during the Crimean War in succession to the short-lived Army Conveyance Corps dispatched to Turkey at the commencement of the campaign to carry the wounded off the field and provide attendants for the general hospitals. The Director-General had urged the necessity of enlisting able-bodied men for the duty, but his advice was disregarded, the Corps consisting of pensioners and other ineffectives. Few, if any of them, reached the fighting zone, and neither they nor their ambulances were present at the battle of the Alma, fought a few days after landing in the Crimea. The wounded on this occasion were cleared to the ships by parties of bluejackets. In the subsequent march inland, numbers of those who fell out, some of them stricken with cholera, were never heard of again. The pensioners proved too feeble or too alcoholic for their duties and quickly disappeared. The nursing duties in the staff hospitals were then performed largely by details from the combatant ranks, or convalescents retained in hospital who should have been back with their units. The regimental bandsmen were used as stretcher bearers in the field, and the evacuation of the sick and wounded behind the regimental hospitals became the responsibility of the Land Transport Corps. The regimental hospitals had, of course, their own surgeons and orderlies as in peace time.

In June, 1855, a Medical Staff Corps of nine companies, each of seventy-eight men, was formed. Each company was calculated to supply the staff for a general hospital of 500 beds. It had no military organization, and after three months was reorganized with the addition of an extra company, receiving, according to Gore,¹ a grey uniform with scarlet facings. The Corps was given a quasi-military character in that the warrant ruled that every man enlisted "should be liable to be sentenced for misconduct by court martial to be reduced to the ranks of the Army and to be sent to any regiment of the line to serve therein with the rank and pay of a private sentinel." In practice, this punishment did not work, as the men were civilians, and one may well believe that commanding officers could make considerable difficulties about accepting men under these conditions. In any case the question of the preservation of discipline in the hospitals must have been a difficult one, for the staff surgeons, like their brother officers

¹ Surgeon Major A. Gore, "Our Services under the Crown."

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with regimental commissions, had no powers of command, and the same applied to the subordinates who supplied the place of N.C.O.'s.

In June, 1856, this Corps was 1,188 strong. The grades were steward, wardmaster, assistant steward, assistant wardmaster, and 1st and 2nd class orderly, with relative ranks of serjeant-major, colour-serjeant, serjeant, corporal and private. The uniform was blue with scarlet facings. The undress consisted of a blue frock, like a butcher's, designed by Captain Stonehouse George Bunbury, who had been staff captain in charge of the depot since June 22, 1855. He was very pleased with it, but it was not appreciated by those who had to wear it. The command of the Corps was vested in Captain Bunbury who had served previously in the 60th and 67th Regiments. He had as his assistant Captain Richard Sweet Cole, late 91st and 12th Foot.

In 1857 a detachment of the Medical Staff Corps embarked for the second China war under Deputy Inspector-General Dane, the rest of the party comprising 3 first class and 8 second class staff-surgeons, 16 assistant staff-surgeons, an apothecary, 3 dispensers, 3 medical clerks and 8 purveyors' clerks.

As a result of the report of a Parliamentary commission, the Corps was completely reorganized in the course of the next three years. The Royal Warrants under which it was carried out were dated August 1, 1857, and September 27, 1861. In the Army List of 1860 the name is changed to "Army Hospital Corps," to which Captains Bunbury and Cole were commissioned on August 1. This is the same Corps, which under the revived title of Medical Staff Corps, was amalgamated with the Army Medical Staff to form the Royal Army Medical Corps in 1898. By the terms of the warrant the ranks were now to be normally filled by volunteers from the line, who were to be of good character, of over two years' service, and be able to read and write. They were not to be finally accepted until they had undergone three months' probation, and at any period of their service might be reverted for misconduct. In place of the old grades ordinary military rank was conferred on the non-commissioned officers. The terms under which volunteers were accepted expressly laid down that in time of war the members of the Corps would be liable for employment with ambulances and to remove wounded from the field.

Up to 1863 the headquarters of the Army Hospital Corps were at Fort Pitt, Chatham. When the medical school was removed to Netley in the spring of that year, the depot went with it. Henry Savile became Adjutant and Quartermaster. Bunbury, now a Major, retired as Lieutenant-Colonel on full pay (July 1) and Cole on half-pay as Major. The general hospital at Netley had a combatant officer as Governor, with a staff consisting of an infantry captain, a paymaster and a captain of orderlies. The soldier represented in drawings of this period had whiskers and a moustache. In full dress he wore a shako of which a new and improved pattern had been issued in 1862. The Pimlico records indicate that the

Army Hospital Corps had a blue tunic with scarlet facings and blue trousers with a scarlet welt. The undress cap was a round forage cap with the A.H.C. monogram. The Army List gives the uniform as blue with blue facings, which presumably was that worn by the officers. The medical officers, other than the regimental ones, had a plain scarlet tunic. It was at first contemplated that the Hospital Corps should supply attendants for the regimental as well as the general hospitals in Great Britain and the Colonies. Their numbers were, however, insufficient for this purpose, and a combined system of corps and regimental orderlies proved unsatisfactory. It was accordingly laid down by Royal Warrant of September 27, 1861, that their duties should be confined to general, depot and field hospitals. Half were to be employed on medical duties and the other half as purveyors' orderlies. Both these branches were represented on the staff of a hospital, of which the hospital storekeeper in the Indian establishment seems to be a relic. The purveyors branch of the A.H.C. was not transferred to the Corps responsible for the general service of Army supplies till October, 1868.¹

Another provision of this warrant authorized the appointment of serjeants as *compounders* after examination, and a grant of extra pay.

Meanwhile the old regimental orderlies were retained in their hospitals, but it was laid down that they should be regarded as supernumerary to the establishment of combatants, should be unarmed except for a sword designed for self defence, and while continuing to wear the regimental uniform, should be provided with distinctive badges. Both they and the men of the A.H.C. were to undergo instruction in a general hospital. The medical officers were still without power of command over the men who worked under them. In 1867 the strength of the Corps in the medical section was 454. Of this number 109 were in the Colonies or on service, and 345 distributed among forty-three stations in the United Kingdom.

In the reorganization of the administrative services which followed the Crimean War, the influence of Miss Nightingale was a dominant factor. In the medical branch, besides the institution of Army Nurses, the foundation of Netley and the Royal Herbert hospitals, the Army Medical School, and the organization of the Army Hospital Corps have been claimed as her work. It is certain that she used her unique position to press these matters on the Government, and that she was consulted on every point. She nominated the professors at the school, and, on Sir Andrew Smith's retirement, she secured Alexander's appointment as Director-General in

¹ Towards the end of the eighteenth century the *purveyors*, who were storekeepers and accountants, and responsible for the domestic economy of the hospitals, were appointed from the senior staff and regimental officers whose pay did not exceed 10s. a day. After 1805 the appointments were given to non-medical men. The *purveyors* were at that time eligible for charge of hospitals. For example, in 1806, the P.M.O. at Plymouth general hospital was a *purveyor*, having a physician and a staff-surgeon serving under him. Abolished in 1830, *purveyors* were reappointed for the Crimean campaign.

supersession of Sir John Hall, the I.G.H. during the war. She was consulted confidentially on the claims of senior officers to preferment. Beneficial as her activities were, many of the senior officers, including the Director-General, may be excused if they breathed a sigh of relief when she passed on to reform someone else's department.

Though the new Corps might afford a partial solution of the problem of staffing our hospitals in war, the question of the removal of the wounded from the field remained unsettled. This was discussed in Sir Thomas Longmore's "Treatise on the Transport of Sick and Wounded Troops," published in 1869. He argued that the Army Hospital Corps, composed as it was largely of ex-soldiers, could not readily be expanded at a time when the material from which it was drawn would be urgently wanted for the combatant ranks, but, if it was to carry out the duties for which it was intended, its numbers must clearly be largely increased. The matter took many years to settle, and the intention to relieve the fighting troops entirely from the business of carrying wounded to the rear has never been fulfilled. The Act of 1870 prescribed a reserve for the A.H.C. which to a certain extent, provided the necessary increase when the reserve was called up.

The condition of the staff and regimental officers at this period must now be referred to. Lord Herbert's commission of 1857 had secured for them an improved status, better pay, and better prospects. They were promised the same share of honours and rewards as the combatants, and honorary physicians and surgeons to the King were appointed from among their number. First and second class Staff Surgeons became Surgeon Majors and Surgeons, ranking as Lieutenant-Colonels and Majors, and the relative rank conceded to them was defined as carrying with it all precedents and advantages except the presidency of courts martial. In 1857, open competitive examination replaced nomination as a mode of entry, and accepted candidates went to the military hospital at Fort Pitt for a probationary period in the wards. Apart from this, however, the majority still spent their service within the narrow sphere of a regimental hospital, and with no opportunity or inducement to study in peace the problems of medical administration in war, or to acquire the habit of command.¹ The establishment of the Army Medical School at Fort Pitt in 1860, and the work done by its successors have conferred immense benefit on the service and on the Army generally, but it was designed for the improvement of scientific knowledge and not as a school of medical administration in war.

The modern conceptions of the duties of the military medical service had their beginnings in the year 1873, when the regimental hospital

¹ Sir James Brown Gibson, the D.G., seems to have recognized the value of war training for the medical officers in time of peace. When I.G. Hospitals at Aldershot, in 1857, he set up a marquee outside the hospital huts to represent a field hospital for instructional purposes. The accounting branch was much shocked at this re-appropriation of war material, and he was compelled to justify his proceedings before higher authority.

system, except in the Guards, was abolished, and all medical officers were placed in one department. Military hospitals were ordered to be administered as general, station or field hospitals, and steps were taken in the same year to develop the Army Hospital Corps from its scattered condition into a strong Corps doing all hospital duties. Twenty-one "captains and lieutenants of orderlies" were appointed, who were maintained by the promotion of N.C.O.'s from the ranks of the Corps; apothecaries ceased to be appointed from this date.¹ A staff officer, quartermaster, and paymaster dealt with the administrative duties, the staff officer appointed this year being Ensign and Captain of Orderlies David Pringle, who still had the post in 1881. The P.M.O. was given control of the personnel serving in his station subject to the control of the local military authority.

Four years later (1877) the important step was taken of granting to the A.M.D. officers power of command over the A.H.C. patients in hospital, and men of other corps attached for duty. The new system was somewhat gradually developed. There was considerable obstruction in high places, successfully overcome by the tact and firmness of Sir William Muir, the D.G. Many medical officers, though now designated A.M.D., remained attached to their regiments. As a general hospital, the Royal Victoria Hospital at Netley was flourishing. The Royal Herbert Hospital at Woolwich is described by Surgeon-General Evatt as a series of regimental hospitals thrown confusedly together. In 1875 there were station hospitals at all large military centres. All medical officers in the station were available for such duties as the P.M.O. might direct, but separate wards in the hospital were allotted to the different corps, and their sick were kept as far as possible distinct and under the immediate care of their own M.O. and orderlies. The hospital staff consisted of all the M.O.'s attached to regiments, a certain number of officers specially detailed, men of the A.H.C. and the surviving hospital serjeants and orderlies of the regiments. The strength of the Corps at this date was 21 officers, 264 warrant officers and serjeants, and 1,060 rank and file. Of the A.M.D. officers, 476 were at home, 130 in the Colonies, and 501 in India.

During the years succeeding the reorganization of the services, schemes for war were worked out. One medical officer was to be attached to each battalion or equivalent unit, and sixteen stretcher bearers, who had received some preliminary training, were to be found regimentally. An army corps of three divisions was to have 4 bearer companies, each composed of 8 officers and 200 other ranks A.H.C. and drivers. There were twenty-five field hospitals, each providing for 200 patients, and staffed by 7 medical officers, an officer of orderlies as quartermaster, and 37 A.H.C. These were to be *movable* or *stationary* as required. The arrangement anticipated seems to have been that there should be two to a division, six in reserve

¹ The rank of apothecary was abolished in 1830, but revived in 1854. On the reorganization of the A.H.C., in 1873, several of the apothecaries became officers of orderlies.

behind the front line, and the remainder on lines of communication or at the base. The general base hospital as we know it to-day was not provided for in establishments. If required, it had to be specially made up to suit the need of the moment. Ships were much favoured for the purpose. A scale of transport for field units was compiled, but history shows that when it came to the point, most of it was wanted for something else. Field hospitals took part in the autumn manoeuvres of 1872.

The A.H.C. depot and training school at Aldershot appear in the 1880 Army List with Surgeon Major Sandford Moore as Commandant. This officer was the author of a "Manual for Stretcher-bearers and Bearer-companies," which was published by authority. The first Corps manual appears to have been written in 1870 by Surgeon Andrew Moffit, who for long superintended the instruction of the men at Netley. The Aldershot depot staff included, besides the commandant, an instructor, assistant instructor, and adjutant, the last a captain of orderlies. In 1882 a medical officer, Surgeon-Major William Johnston, became staff officer. To him we owe the invaluable "Rolls of Commissioned Officers," edited by Lieutenant-Colonel Howell in 1917. In 1883 Surgeon Major-Gasteen was Commandant. Surgeon-Major S. K. Ray succeeded him in 1885, and in 1888 was succeeded by Surgeon-Major Johnston above mentioned.

During the years following the Crimean war the regimental surgeons served with their units in the Indian Mutiny (1857-8), the China war (1860)¹ the Maori war (1863-4)² and in Sir Robert Napier's expedition (1867).³

Their services were recognized by the grant of seven Victoria Crosses, two of which were earned in New Zealand, three in India, and one in the Andaman Islands. In the Munity the A.H.C. can scarcely have been represented, unless among drafts diverted at the Cape when *en route* to China. The Corps supplied detachments for the staff hospitals in China and New Zealand. The Magdala expedition was organized in India, but some of the men undoubtedly served during this campaign, having come out, no doubt, in the hospital ships sent from England for service at the base. In all the above-mentioned wars the regimental hospitals were employed besides the general hospitals. In Sir Garnet Wolseley's advance on Kumasi (1874) 73 medical officers participated, and 3 officers and 261 other ranks of the A.H.C. were employed in the two mobile field hospitals, the stationary field hospitals, and the hospital ships. The latter were, as in other similar campaigns of this era, regarded, not only as carriers, but as base hospitals. The sick-rate was very high. Sir A. D. Home, V.C., the first P.M.O., was invalided, being succeeded by Surgeon-Major W. A. Mackinnon, an officer who had distinguished himself in the Maori war by leading a successful assault on a fortified position when the regimental

¹ A.M.D. Reports, 1860, Dep. Surg.-Gen. Muir, P.M.O.

² A.M.D. Reports, 1865 and 1866.

³ Report by Dr. Currie, P.M.O., A.M.D. Report, 1867.

officers had become casualties. He subsequently became Director-General.

In 1868 a set of regulations was drawn up for the female nursing staff of Netley Hospital. Shortly afterwards nurses are found at the Royal Herbert Hospital at Woolwich. It is not always realized that the Army nurse dates from a much earlier period than that of Miss Nightingale's activities. The reorganization of the medical service of the Army in Ireland during the reign of William III included the provision of forty nurses in the hospitals. During the Napoleonic Wars nurses were employed in the general hospitals at home. That at Gosport, in 1806, had a head nurse, two nurses and a sempstress, paid at the rate of 1s. a day, with rations, and a matron at 2s. 6d. The organization of Queen Alexandra's Imperial Military Nursing Service for extended duties in all large military hospitals took place in 1902.

THE GALAEKA-GAIKA WAR OF 1877.

In the autumn of 1877 the Imperial Government dispatched troops to South Africa to aid the colonists, who had become involved in operations against the Galaekas and the Gaikas, two of the great Kafir tribes. Four infantry regiments with artillery were engaged, and a constantly varying number of colonial volunteers, police, and native levies. We seem to have drifted into the war, and little or no administrative preparations were made beforehand. Surgeon-General J. A. Woolfryes, C.B., the P.M.O. at the Cape, was responsible for the medical arrangements. At the commencement, only two regular medical officers and three colonial surgeons were at his disposal; a few civil surgeons were, however, procured locally. "They were untrained, of course, in the common routine of a military hospital, and could not, or would not furnish the necessary returns, and some of them were not amenable to discipline." The Surgeon-General, to whom the campaign must have been something of a nightmare, had even greater difficulty with the subordinate personnel. The hospitals went into the field without a single man of the A.H.C. attached to them, the staff being formed of orderlies grudgingly detailed by column commanders at the last moment. The commissariat department had to be provided for in the same way. No men could be spared for regimental stretcher bearers, and the Kafirs enlisted for the purpose all deserted. The ambulance wagons were the cumbrous wagons of the country, drawn by sixteen to eighteen oxen and with a speed of a little under a mile an hour. As no escorts could be provided for movable field hospitals on the march, it was decided to immobilize them, and what are described as flying hospitals only went with the columns. On June 24, four days after the termination of hostilities, seven civil surgeons arrived from England.

This campaign is mentioned, as it gives some indication of the

difficulties with which a P.M.O. had to contend during the period following the abolition of regimental hospitals, and before things settled down.

This year the shako was discarded as a head-dress, and the helmet was issued. The following year the forage cap was superseded by the glengarry. It was reintroduced in 1891.

THE ZULU WAR OF 1879.

Surgeon-General Woolfryes was still P.M.O. at the Cape when the invasion of Zululand took place. He then had under his command an average strength of sixty-nine officers of the A.M.D and eight officers of orderlies. A number of civil surgeons were also employed. At the commencement of the war the strength of the A.H.C. was 124. These were supplemented by drafts amounting to 310 during the campaign. The regulation field hospital of 200 beds was divided into eight separate units for convenience in dealing with small bodies of troops. Each of these units was allotted two M.O.'s, two A.H.C., a cook and a wagon orderly. The transport consisted of an ambulance wagon, a store wagon, a water cart and two pack horses. The authorized transport personnel was never supplied, and the service suffered from having civilian or native drivers. The most advanced field hospital was usually made up of two of these units, but the medical officers were not increased. For every batch of ten patients after the first, a regimental orderly had to be demanded. The ambulance wagons were either the unwieldy country wagons used in the late campaign fitted with a spring floor, or converted store wagons. Later on, thirty regulation ambulances were sent from home. Regimental units had a M.O. attached, and two stretcher-bearers per company. Each soldier was supposed to carry a piece of lint and a bandage in his left hand trousers pocket as a first field dressing. Base hospitals were formed at Durban, Pietermaritzburg, Ladysmith, Newcastle and Utrecht, and auxiliary hospitals and convalescent depots were subsequently added. Except where station hospitals already existed, these base hospitals seem usually to have been stationary field hospitals. The equipment of a stationary and a movable field hospital only differed in the fact that the former had twice as much clothing.

Towards the end of the war, a party of Netley nurses under Mrs. Deeble was sent out, "whose example of devotion to duty had a most beneficial effect on the men of the A.H.C." Lord Chelmsford's force crossed into Zululand about January 6, 1879, in four columns, and at four different points, being formed of two infantry battalions, or the equivalent, a detachment of mounted troops (mostly volunteers or irregulars), three or four guns and a native contingent. To each was attached a bearer party of 8 A.H.C., and 40 native carriers with 8 Ashanti cots, additional to its field hospital establishment.

The first news of the fighting to reach England was that of a serious

disaster to No. 3 column under Colonel Glynn, which, advancing from Helpmaakar had crossed the Buffalo river at Rorke's Drift. At the latter a store depot was established, and a hospital of forty beds, in charge of Surgeon James Henry Reynolds, the garrison being formed by a company of the 2/24th Regiment. The remainder of the force proceeded to camp some twelve miles further east at the foot of Isandhlwana mountain. From here on January 22, accompanied by the Commander-in-Chief, Colonel Glynn led out part of the troops on a reconnaissance, leaving the 1/24th, a company of the 2/24th, a section of a battery, and some volunteers and native auxiliaries in the unfortified camp. During the absence of the main body the Zulus appeared in great force, attacked the camp, and the defenders after a gallant resistance were killed almost to a man. Among the dead were Surgeon-Major P. Shepherd, Lieutenant and Acting-Surgeon Boué of the native contingent, Lieutenant of Orderlies A. Hall and eight men A.H.C. Six ambulance wagons and all the medical equipment were lost.

The Commander-in-Chief's party, on their return in the evening, bivouacked amid the wreck of the camp and the mutilated corpses of their comrades, without food, and almost without ammunition, expecting an attack at any moment. At 4 a.m. a start was made for the post at Rorke's Drift, about the fate of which there was the utmost anxiety. On approaching the spot, smoke was seen to be rising, but shortly, to everyone's relief, British cheers were heard.

De Neuville's picture of the defence of Rorke's Drift hangs in the corridors of many of our military hospitals, and the story is familiar to most of us. - It is unlikely, however, that many of the present generation have had an opportunity of reading Surgeon-Major Reynolds' own account of the fight, which is to be found in the A.M.D. Reports, 1878.

"At 1.30 a large body of natives marched over the slope of Isandlana in our direction, their purpose evidently being to examine ravines and ruined kraals for hiding fugitives. These men we took to be our native contingent. Soon afterwards appeared four horsemen on the Natal side of the river galloping in the direction of our post, one of them was a regular soldier, and feeling they might possibly be messengers for additional medical assistance, I hurried down to the hospital as they rode up. They looked awfully scared, and I was at once startled to find one of them was riding Surgeon-Major Shepherd's pony. They shouted frantically, 'The camp at Isandlana has been taken by the enemy and all our men in it massacred, that no power could stand against the enormous number of the Zulus, and the only chance for us all was by immediate flight.' Lieutenant Bromhead, Acting-Commissary Dalton, and myself, forthwith consulted together, Lieutenant Chard not having as yet joined us from the pontoon, and we quickly decided that with barricades well placed around our present position a stand could best be made where we were. Just at this period Mr. Dalton's energies were invaluable. Without the smallest delay, he

called upon his men to carry the mealie sacks here and there for defences. Lieutenant Chard [R.E.] arrived as this work was in progress, and gave many useful orders as regards the lines of defence. He approved also of the hospital being taken in, and between the hospital orderlies, convalescent patients (eight or ten) and myself, we loop-holed the building and made a continuation of the commissariat defences round it. The hospital, however, occupied a wretched position, having a garden and shrubbery close by, which afterwards proved so favourable to the enemy; but, comparing our prospects with that of the Isandlana affair, we felt that the mealie barriers might afford us a moderately fair chance.

“At about 3.30 the enemy made their first appearance in a large crowd on the hospital side of our post, coming on in skirmishing order at a slow slinging run. We opened fire on them from the hospital at 600 yards, and although the bullets ploughed through their midst and knocked over many, there was no check or alteration made in their approach. As they got nearer they became more scattered, but the bulk of them rushed for the hospital and the garden in front of it.

“We found ourselves quickly surrounded by the enemy with their strong force holding the garden and shrubbery. From all sides, but especially the latter places, they poured on us a continuous fire, to which our men replied as quickly as they could reload their rifles. Again and again the Zulus pressed forward and retreated, until at last they forced themselves so daringly, and in such numbers, as to climb over the mealie sacks in front of the hospital, and drove the defenders from there behind an entrenchment of biscuit boxes, hastily formed with much judgment and forethought by Lieutenant Chard. A heavy fire from behind it was resumed with renewed confidence, and with little confusion or delay, checking successfully the natives, and permitting a semi-flank fire from another part of the laagar to play on them destructively. At this time, too, the loopholes in the hospital were made great use of. It was, however, only temporary, as, after a short respite, they came on again with renewed vigour. Some of them gained the hospital verandah, and there got hand to hand with our men defending the doors. Once they were driven back from here, but others soon pressed forward in their stead, and, having occupied the verandah in larger numbers than before, pushed their way right into the hospital, where confusion on our side naturally followed. Everyone tried to escape as best they could, and, owing to the rooms not communicating with one another, the difficulties were insurmountable. Private Hook, 2/24th Regiment, who was acting as hospital cook, and Private Conolly, 2/24th Regiment, a patient in hospital, made their way into the open at the back of the hospital by breaking a hole in the wall. Most of the patients escaped through a small window looking into what may be styled the neutral ground. Those who madly tried to get off by leaving the front of the hospital were all killed with the exception of Gunner Howard.

“The only men actually killed in the hospital were three, excluding a

Kafir under treatment for compound fracture of femur. Their names were Serjeant Maxfield, Private Jenkins, both unable to assist in their escape, being debilitated by fever, and Private Adams, who was well able to move about, but could not be persuaded to leave his temporary refuge in a small room. The engagement continued more or less until about 7 o'clock p.m., and then, when we were beginning to consider our situation rather hopeless, the fire from our opponents appreciably slackened, giving us some time for reflection. Lieutenant Chard here, again, shined in resource. Anticipating the Zulus making one more united dash for the fort, and possibly gaining entrance, he converted an immense stack of mealies standing in the middle of our enclosure, and originally cone fashioned, into a comparatively safe place for a last retreat. Just as it was completed, smoke from the hospital appeared and shortly burst into flames. During the whole night following, desultory firing was carried on by the enemy, and several feigned attacks were made, but nothing of a continued or determined effort was again attempted by them. About 6 o'clock a.m., we found, after careful reconnoitering, that all the Zulus with the exception of a couple of stragglers had left our immediate vicinity, and soon afterwards a large body of men were seen at a distance marching towards us.

"I do not think it possible that men could have behaved better than did the 2/24th and the Army Hospital Corps (three), who were particularly forward during the whole attack."

Besides Lieutenants Chard and Bromhead, Surgeon J. H. Reynolds and five of the 24th received the Victoria Cross for their gallant defence of the hospital. Reynolds omits in his narrative the fact that during the most critical part of the struggle round the hospital, he crossed and re-crossed the space between the building and the store to bring a fresh supply of ammunition under heavy fire.

The news of the disaster at Isandhlwana produced such consternation in England as it is at this date difficult to realize. It is not too much to say that the possibility of British troops being out-generalled and out-fought by half-naked savages, had never occurred to the public at that time. Reinforcements, which included, of course, medical personnel, were hurriedly got ready. Meanwhile, Natal was put in a state of defence, and all the columns, except Colonel Pearson's, which entrenched itself at Ekowe, withdrew towards their bases. The remnants of No. 3 fell back on Helpmakaar, and Colonel Evelyn Wood, who was the mainstay of our considerably disheartened troops, established a fortified camp at Kambula, covering Utrecht in the Transvaal. Ekowe was relieved by Lord Chelmsford, early in April. In March, Wood's column did some hard fighting. His medical staff consisted of the usual field hospital detachments, with Surgeon-Major O'Reilly as S.M.O., and a party of native bearers. On March 28, a force of mounted troops and irregulars, part under command of Lieutenant-Colonel Redvers Buller, were surrounded, and nearly cut off on the Zlobane mountain. During the stampede back to camp, in which Buller earned his

V.C., and during which many casualties occurred, Civil Surgeons Jolly and Conolly were the last in the retirement, pursued by several thousand Zulus, and frequently dismounting to assist wounded. In the attack on the camp next day, the whole medical staff and their orderlies won the approbation of the column commander. During the hottest part of the fight, and in a very exposed part of the camp, Brown and Thornton, two regular surgeons, successfully amputated an arm. The enemy were utterly routed in the end, and pursued by the mounted troops. During May, the troops were concentrated in two very weak divisions, under Generals Crealock and Newdigate, and a flying column under Brigadier-General Evelyn Wood. The first division troops, of which Surgeon-Major Tarrant was S.M.O., were concentrated round Ginginlovo, and remained stationary in the unhealthy, low-lying country near the coast till late in June. The situation was aggravated by the absence of any sanitary efforts on the part of the troops in the camps of the colonial irregulars, and of the friendly Zulus. Malaria, dysentery, and enteric were prevalent, and the medical staff and A.H.C. had a hard time. The hospitals at Fort Chelmsford and Fort Pearson were evacuated by road to Durban, except for the last fifteen miles, which was done by train. For this purpose, ten English ambulance wagons were employed, and rest stations in charge of A.H.C. non-commissioned officers were established on the road. From Fort Pearson to Durban is seventy miles. After the advance, the sea route from Port Durnford was available.

The second division, which, with the flying column, did most of the fighting during the second phase of the war, were more fortunate, as they were operating in the healthy upland country of central Zululand. Surgeon-Major Giraud was the S.M.O. On May 20 a junction was effected with Wood's flying column at Inceni mountain, and the combined force of 4,062 Europeans and something over 1,000 natives advanced eastward. The Commander-in-Chief, on whose staff was the Prince Imperial, accompanied them. After the tragic death of the latter, his body had to be embalmed on the spot, and dispatched to the base in an ambulance. On July 4, Lord Chelmsford met the enemy at Ulundi. Taught by bitter experience, no mistakes were made this time. The force drew out in a square, against which the Zulu attacks were vainly expended, and a charge delivered by the 17th Lancers completed the victory. Our losses amounted to no more than nineteen killed and eighty-nine wounded. During the action, casualties were attended to at the field hospital, in the left rear of the square.

The evacuation of wounded and sick from the force, during its advance, was to Koppie Allein by sick convoy, whence the more serious cases proceeded to Ladysmith via Dundee, and the remainder to Utrecht.

The first division advanced no further than Port Durnford. The war ended with the capture of King Cetewayo, by the mounted troops, early in September.

The Zulu war having been brought to an end, an expedition was undertaken against a chief named Sekukuni, who had given constant trouble to

the Transvaal Government. From our point of view it is mainly of interest for the employment of what has been described as the first bearer company. This company was trained in South Africa, by Surgeon-Major James Hector, the personnel consisting of 2 N.C.O.'s and 24 men of the 21st Regiment, the same number from the 94th, a serjeant and 17 men A.H.C. to perform the duties of No. 4 bearers, and 65 Kafirs. Surgeon-Major Hector commanded, and Surgeon Lloyd was the other officer.¹

The two battalions from which the bearers were taken represented the regular infantry at the assault on Sekukuni's town on November 28, 1879, and the fourteen stretcher squads, manned by Europeans, followed them up closely. The Kafirs, with their stretchers, formed a relay 150 yards in rear, and carried back the wounded to a dressing station supplemented by officers and personnel from the field hospital. Ambulance wagons then took the patients to the main dressing station. It will be observed that the bearer company on this occasion combined the duties of regimental stretcher bearers with their normal function.

(To be continued.)

¹ "The First Bearer Company," *Journal of the Royal Army Medical Corps*, Vol. xvi.