WHEN Sir William Muir succeeded Sir Thomas Logan as Director-General in 1874 the Cardwell Reforms were already well advanced. In 1869 the Transport and Supply Services had been consolidated under the Board of Control, the Commissariat Transport Corps came into being, and the Department of the Purveyor-General ceased to exist. In 1871 purchase was abolished, and in the same year the foundation of an Army Reserve was laid by the institution of short service. The Army Hospital Corps, which was considerably augmented, came under the short service system seven years later, from which time onwards it was mainly maintained by direct enlistment. But the reform most profoundly affecting the Medical Service was the Warrant of March 1, 1873, abolishing all regimental hospitals except those of the Guards, and placing the medical officers in one department. This was followed in 1877 by the transfer of command of the A.H.C. and patients in hospital from the officers of orderlies to the medical officers themselves, while the officers of orderlies reverted to the status of quartermasters.

The Army was not at this time well supported by the medical profession. The pages of the Lancet show that questions of pay, promotion and precedence were still being agitated. English and Scottish candidates for commissions were scarce, though there was an increasing flow of young graduates from Ireland. The Indian Medical Service, on the other hand, continued to attract excellent material.

The new system was somewhat gradually developed. The change was received by the officers of the Army Medical Department themselves with mixed feelings, and considerable opposition in high places demanded much tact and firmness on the part of the Director-General. Many surgeons, though no longer regimental, remained attached to their old corps, and for some years were permitted to attend their own patients in separate wards of the new station hospitals.

An experimental Field Hospital appeared in the autumn manoeuvres of

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1 The strength of the A.H.C. in 1875 was 21 officers of orderlies, 264 W.O.'s and serjeants, and 1,060 O.R. There were 1,107 medical officers, of whom 476 were at home, 130 in the Colonies and 501 in India.
1872. A notable event was the publication in 1877 of an establishment for a Bearer Company with a scale of personnel, equipment, and transport. The first was to come from the A.H.C. and Medical Reserve Militia, largely supplemented by untrained infantry reservists. The transport, though calculated, was not definitely allotted before the South African War of 1899, as the Medical Service found to its cost. The removal of the A.H.C. Depot from Netley to Aldershot with a medical officer in command, which took place in 1875, inaugurated an era of real practical training in technical duties in the field.

The augmentation of the British garrison in India following the Mutiny necessitated a great increase in the medical staff. The I.M.S. superintending surgeons were relieved of all duties connected with British troops, which were transferred to Administrative Officers of the British Service. As a result, up to the year 1882, when the districts were portioned out between the two services, each General had two medical advisers, one for British, and one for Indian troops. The head of the British Medical Service, styled Inspector-General of British Hospitals, was not at first attached to Army Headquarters. Later as Surgeon-General with the Government of India, he joined the staff of the Commander-in-Chief, a position he held until the Esher Reforms, when he was put under the Adjutant-General.

Cholera in the seventies remained a serious menace. Koch's researches were not given to the world till 1883, when they took some time to absorb. Sir Walter Ogilvey has recently shown us that the Bengal Army Regulations of 1882 attempted in an appendix of fifteen pages to formulate precautions involving the acceptance of no less than five different theories of the disease. Health preservation still took second place to the cure of the sick in the list of the medical officers' duties. Until after the Second Afghan War, there were neither station hospitals nor women nurses in India.

Canada, 1870.

In 1870 Louis Reil's rebellion in Lower Canada necessitated the despatch of the Red River Expedition to Fort Garry, now the city of Winnipeg. The column, consisting of some 1,400 men of the 60th Rifles and Canadian Militia, was under the command of Colonel Garnet Wolseley, then D.Q.M.G. at Montreal. The operation involved a rail and steamer journey of fifty-two miles followed by a journey in boats and canoes for 600 miles through a wilderness of rivers, lakes, forests and rocks, where all supplies, even of food, had to be carried, being frequently borne on the soldiers' backs for many miles over difficult portages. The expedition, which was a triumph of efficient organization, was bloodless. Surgeon E. M. Young and Assistant-Surgeon W. Oliver, both of the 60th, were the medical officers.

Wolseley went to the War Office the following year, and, from that date until he retired as Commander-in-Chief in 1901, his influence was predominant in all matters of internal economy and the working out of the Cardwell System. In his relations with the Medical Service his
youthful experiences in the Crimea had no doubt impressed him with the evils of civilian control in the ancillary services of the Army, and he gave small encouragement to proposals extending the scope of the doctors much beyond the treatment of the sick and wounded. In his refusal, when commanding in the field, to recognize the Principal Medical Officer as even an appendage to his staff, or to afford him information on impending movements, he hindered the efficient working of the Medical Service. His supposition that its officers were incapable of controlling the organization and discipline of their field hospitals, after-events proved to be mistaken. As regards sanitation, he seems to have considered that so much of that art as was applicable in the field could be applied by any combatant official of military experience, an argument which could have been used with greater force at a later date when the elements of the subject had become part of the military curriculum. Insomuch, however, as it emphasized the principle that a study of hygiene was the duty of every officer and soldier, it was all to the good. For the specialist sanitary officer he had no use, though he held the enlightened view that every medical officer should be a sanitary officer.

The restrictions Wolseley would have imposed on the surgeon's status and activities over and beyond his purely professional work may or may not have been best suited to the army of his day. Medical opinion, at any rate, thought not.

THE ASHANTI WAR, 1873-74.

The British connection with the Gold Coast dates from the reign of Charles II. In 1807 an Ashanti invasion of the Fanti territory, in which the British factories lay, brought the African Company in collision with the rising power centred at Kumasi, some 150 miles from Cape Coast Castle. There was a second invasion in 1817, and in 1824 the Crown assumed charge of the Protectorate. Shortly afterwards the Governor, Sir Charles Macartney, who took the field with a small detachment of British troops, was defeated by the Ashantis, and his head borne in triumph to Kumasi. Cape Coast Castle was besieged but successfully defended and, in 1826, the enemy was signally defeated at the bloody battle of Doodwa. The credit for the preservation of the Colony rested with a penal battalion, the Royal African Corps, which was maintained as a garrison by the Government under most distressing conditions. The annual average mortality among the men of this battalion was between seventy and eighty per cent. The Protectorate was handed over to a second African Company in 1828, but in 1843 became a Crown Colony. When, in January, 1873, a great Ashanti

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1 Sir William Macpherson has suggested that Lord Wolseley's attitude towards the sanitary officer and all his works was influenced by Clausewitz, then newly translated. Clausewitz wrote (1827) that the theory of sanitary measures has not such an influence on strategic decisions as to make it worth consideration in the theory of war.
army crossed the Prah River, the British garrison consisted of a detachment of the 2nd West India Regiment.

For some months the brunt of the invasion was met with varying success by the local forces and a handful of Royal Marines, till the Government decided on the despatch of Sir Garnet Wolseley from home with an expeditionary force. He landed at Cape Coast Castle on October 2, where, besides the Naval Brigade and the W.I.R., he found a number of Hausa auxiliaries which were formed into regiments. The British troops disembarked were the Royal Welch Fusiliers, the 42nd (Black Watch) and the 2nd Rifle Brigade. The country consisted of a succession of rounded hills of moderate elevation intersected by narrow winding valleys, the whole covered by dense bush but with occasional tall trees. The town of Cape Coast was described by the newly-arrived Governor the year before as the most filthy and apparently neglected place he had ever seen under a civilized government. The dry season, when the temperature ranged from 72° to 88° F., was from mid-December to the end of March, when the greater rains began to make the country notoriously unhealthy. It was decided that an advance to Kumasi must be undertaken as soon as possible.

During the first three months, in which the Royal Engineers were engaged in improving the track from the base to Prahsu on the Prah River, a distance of sixty-nine miles, there were some small affairs with the enemy and considerable sickness. A large medical staff was sent out, comprising 73 surgeons and 3 officers and 261 other ranks of the A.H.C. The P.M.O. was Deputy-Surgeon-General Anthony Home, who had won his V.C. at Lucknow when surgeon of Wolseley’s regiment. The latter described him as “One of the ablest and most hard-working military doctors I ever knew; a man who never spared himself in any way; as remarkable for his coolness under fire as for his medical skill.” He wore himself out before the final advance took place, and, having seen Sir Garnet through a dangerous bout of fever, had to be invalided home. He was succeeded by Surgeon-Major W. A. Mackinnon, a brother officer of the New Zealand War and a future Director General.

Two hospital ships were employed, the Simoon and the Victor Emmanuel. The last, a wooden screw line-of-battle ship, providing 240 beds, was used as a base hospital. The Simoon, anchored at St. Vincent in the Cape Verde Islands, received drafts of invalids who were later transferred to homeward-bound Cape liners.

Special clothing was provided for British troops, described as a grey tweed shooting-jacket with trousers and belts of the same material. Rough canvas leggings were worn and an Indian pattern helmet. Some sensible instructions on disease prevention were issued, including an order that a hot meal was invariably to be served in the early morning. There was an evening issue of a half-gill of rum. All drinking water was supposed to be “filtered.”

In January, 1874, Wolseley commenced his advance on Kumasi. The
Prah was reached in eight marches, and was crossed on the 20th. A mobile field hospital in charge of Surgeon-Major Jackson accompanied the column, the sick transport consisting of cots carried by native bearers. These bearers were apparently not under the direct control of the Medical Department. There were six bearers to each cot. A second field hospital was established at Insarfoo, on the L. of C., with Surgeon-Major Elliot in charge.

On January 31 a somewhat severe engagement was fought at Amoafoul, in which the force suffered 250 casualties. A loose, square formation, afterwards used in Egypt and the Sudan, was employed on this occasion. On February 1, Becquah was captured, and on the 4th Wolseley entered the capital. Rain now commenced to fall, and, as the King delayed coming to terms, and much sickness might result from further delay, the town was fired and the place evacuated. On the return journey King Koffee appeared and made his submission. During the whole march there were 269 battle casualties and 8 deaths. The enemy fired mainly slugs, or the mortality might have been higher. There was considerable wastage from malaria. Prophylactic doses of quinine were given daily, but the P.M.O. formed little opinion of their value. During the eight weeks the British troops were on shore, 71 per cent. went to hospital on account of sickness. There were 70 deaths, 17 being due to enemy action.

The following officers received decorations or special promotion for this campaign: Deputy-Surgeon-General Anthony Home, V.C. (K.C.B.), Surgeon-Major W. A. Mackinnon, J. A. Woolfreys, R. W. Jackson (C.B.), C. B. Mosse (C.B.), A. A. Gore (wounded), S. Rowe (C.M.G.).

Even in its worst days there was no lack of officer volunteers, either combatant or medical, for service on the West Coast. Several were able and devoted men. M. Colbey, who visited Sierra Leone in the latter days of the eighteenth century, paid a high tribute to the skill of the British doctors and their researches in tropical disease. William Freeman Daniel, who entered the Army Medical Department in 1841, and spent all his early service there, was a well-known botanist as well as a contributor to medical literature. Staff-Surgeon Samuel Rowe, mentioned above, who was one of those who went through the war from the beginning, had been on the Coast for the best part of eleven years. His extensive knowledge of the natives was invaluable, especially in enlisting men of the Yoruba tribes. He left the Service in 1876 to take up the Governorship of Gambia, and, between that date and his death at Madeira in 1888, held other charges in West Africa. He received the K.C.M.G. in 1880.

The usual form of conveyance on the coast was a hammock supported by a bamboo pole on the bearer's heads. The Ashanti cot was an improvement on this, being a hammock stretched on a light wooden frame.

W. W. Claridge: "History of the Gold Coast."