Further history: The patient was admitted to Tidworth Military Hospital July 19, complaining of headache and dizziness, and deafness in one ear. He was treated in hospital until September 8, on which date he was brought before a medical board with a disability of "effect of cerebrospinal meningitis," and was recommended for discharge as physically unfit for military service under existing standards.

On September 16 he was finally discharged under King's Regulations paragraph 370 (xvi) (a).

Later, in reply to a letter, his mother stated: "The boy is now working on a farm, and is in good health, only he occasionally complains of headache, especially after stooping down for any time."

(To be continued.)

Echoes of the Past.

THE CHITRAL RELIEF FORCE, 1895.

The Gilgit Agency in Kashmir territory was established in order to maintain control of the approaches to certain of the Northern passes into India, and especially over the state of Chitral, a mountainous region about the size of Wales, with its capital some 230 miles from Gilgit.

In January, 1895, the Political Agent was Surgeon-Major G. S. Robertson, I.M.S., who, learning that the Mehtar of Chitral had been murdered, proceeded to the capital with his escort, a company of the 14th Sikhs, and 320 Kashmir Infantry. Here he was opposed by a large hostile gathering under a pretender, Sher Azul, which he decided to engage. In the ensuing fight Captain Campbell, who led the troops, was severely, and Captain Baird mortally, wounded, the British retiring into the fort with 55 casualties. Surgeon-Captain H. F. Whitchurch, I.M.S., the medical
officer, came in later in the evening, having, with a handful of Gurkhas, fought his way through the enemy with Baird's dooley. The siege which followed lasted forty-six days. Captain Townshend, in after years the defender of Kut, was in military command. Robertson took an active part in the defence, in the course of which he was wounded. There was sufficient grain in store for the troops, but in the absence of proper instruments, hand-mills of soft stone had to be used for grinding, which rendered the flour gritty. This gave rise to gastro-intestinal troubles. There was no meat for the officers, who had to eat their ponies. The gallant and spirited defence put up has been described by Robertson in "Chitral, the story of a minor siege."

The relief was accomplished on April 20th by Lieutenant-Colonel Kelly with his regiment, the 32nd Sikh Pioneers, who, starting from Gilgit, took his small force through difficult, hostile, and, in parts, nearly trackless country, across the Shander Pass (12,230'), then deep in snow, dragging two mountain guns with him. The 350 miles were covered in thirty-five days. Surgeon-Captain Browning Smith, the medical officer of the force, had to deal with several cases of snow-blindness. A field hospital, under Surgeon-Captain Luard, I.M.S., was brought as far as Mastuj.

The Viceroy expressed his deep sense of the admirable and valuable services of the Gilgit column under circumstances of extraordinary difficulty, and referred to the conduct of the defence as a conspicuous example of heroism and intrepidity. Robertson received the K.C.S.I., Townshend the C.B. and a brevet, Whitchurch the V.C.

Meanwhile three infantry brigades with divisional and L. of C. troops had concentrated under Sir Robert Lowe, at Nowshera. Each brigade, consisting of two British and two Indian battalions, had a British and an Indian Field Hospital. The Divisional troops had two sections of a British and two Indian Field Hospitals. An Indian Field Hospital and two British sections were allotted to L. of C. At Peshawar was a General Hospital, and at Nowshera, Railway and Rest Camp Hospitals. The first-line transport consisted of mules, the 1st Brigade had all mule transport, otherwise the second line was composed of camels and carts. Ambulance transport was provided by dandies and riding ponies. Field Hospitals alone carried tents. The P.M.O. was Surgeon-Colonel T. Maunsell, and Surgeon-Colonel G. Thomson, I.M.S., was P.M.O. L. of C.

A great proportion of the riding ponies proved intractable, and the sick could not be persuaded to mount them; a difficulty in many subsequent campaigns. The Collis dandy, officially sanctioned in 1888 as an improvement on the Lushai type, proved difficult over rough and steep ground; it weighed 7½ lb. Light medical equipment accompanied bearer parties detailed from the Field Hospitals, but the heavy equipment constantly fell miles behind on the narrow and congested mountain tracks.

On April 3 the Malakand Pass was captured by troops of the 1st and 2nd Brigades, the K.O.S.B. and Gordons assaulting the main position, accom
panied by Surgeon-Captains Birt and Dowse with pack mules and dandies. After the action, the 2nd Brigade, whose transport had struggled with difficulty to the head of the pass, were ordered back to Dargai, and the wounded accompanied them. The relieving brigade, also with its transport, met them in their descent. “The confusion became so inextricable that the moiety of both brigades spent the night on the cheerless frontage of the cliff. The plight of the wounded was pitiable, as it was impossible to move the stretchers in the dark, and the poor sufferers lay unattended amongst the heels of the jammed transport mules and the cold comfort of the night long chatter of the coolies.”

The casualties, 44 wounded, were received into the Field Hospital at Dargai. There were 8 killed.

Some resistance was encountered in crossing the Swat River; Jandol was occupied on the 18th. From here the 3rd Brigade under General Gatacre was pushed on over the Lowari Pass (10,000') towards Chitral. The advance guard reached the objective to find all resistance collapsed. During May the 1st and 2nd Brigades occupied the Swat and Jandol valleys, the 3rd being spread out between the Baraul valley and Chitral. The road from Jandol to the base was rendered fit for camel transport throughout, and regular staging was established, but the heat in June made any considerable evacuation of sick undesirable, and the Field Hospitals, which with the majority of the troops were sited in hill camps, to some degree some of the aspects of fixed hospitals. The whole line to Chitral was held till the end of September, 1895.

Both khaki drill and serge were found to be needed in this campaign. The desirability of spine-pads was appreciated, and also the inadequacy of the forage caps affected by the Gurkha regiments. The field ration was reported to be too meagre, being inferior in caloric value to that allowed hard labour convicts at Dartmoor. This was not corrected till after the South African War. Water was ordered to be boiled “wherever possible.” The milk purchased by the troops in the villages was almost invariably filthy, and was credited by the P.M.O. with the causation of much intestinal disease. The need for a conservancy establishment to staff the staging camps was soon realized. As in later wars, it was easier to authorize than to obtain. The prevailing sickness was ague, enteric, and dysentery. Relapse of venereal disease contracted in peace stations caused serious wastage in British units. Battle casualties in the whole force numbered 26 killed and 101 wounded. The British, in an average strength of 5,213, had a sick admission rate of 1,530 per 1,000 per annum, and a death rate of 49.6. Enteric accounted for 326 admissions and 94 deaths, dysentery for 565 admissions and 20 deaths, malaria for 1,401 admissions. The Bedfords at Laram Kotal had 128 cases of enteric. The force was in the field for six months.

1 Lionel James, “High Pressure.”
2 The venereal admission rate in Bengal in 1894 was 423 per 1,000.
Surgeon-General Bradshaw and his successor at Simla, Surgeon-General Gore, were congratulated by the Commander-in-Chief on the comparatively good health of the troops. Surgeon-Colonels Maunsell and Thomson each received the C.B.

The March to Kumasi, 1896.

To put an end to the misgovernment and barbarities of King Prempeh of Ashanti, it was decided to despatch an expedition to the Gold Coast in the winter of 1895 under Colonel Sir Francis Scott. The success of the operations, during which there was no fighting, was due to good transport and supply organization. The distance from Cape Coast Castle to Kumasi was 150 miles. The first 70 miles of the road as far as Prahsu were set in order by native troops and camping grounds laid out before the arrival of the force from England. The march, nevertheless, in which an average of twelve miles a day was covered, seems to have proved a considerable strain. The troops engaged were the 2nd West Yorks, a "Special Service Corps."
made up of details from various regiments in the United Kingdom, the 2nd
West India Regiment, the Gold Coast and Lagos Hausas, R.E., A.S.C. and 14
medical officers with 85 other ranks of the Medical Staff Corps. The
P.M.O. was Surgeon-Colonel W. Taylor (Director General 1901-4).

Lord Wolseley and Sir William Mackinnon, the D.G.A.M.S., both knew
from personal experience all there was to be known about Ashanti, and the
arrangements made for the interior economy and sanitation of the force were
complete and elaborate. Its movements from start to finish were recorded in
minute detail in the Daily Press.

No man was embarked who was under 23 years of age or who had less than
three years' service. The battalion of the West Yorks, returning from recent
service in the Far East, was supposed to be "seasoned." Serge jackets and
tropical helmets were worn, and canvas drill gaiters which, it is worthy of
record, crumpled up and were extremely uncomfortable. Aluminium tanks
were provided for the rest camps and at the base. Water in these camps was
boiled under the supervision of a specially detailed officer and filtered
through Pasteur-Chamberland filters. The medical units were the Hospital
Ship "Coromandel" (110 beds) with Brigade-Surgeon E. Townsend in
command and two officers, a base hospital of 75 beds at Cape Coast Castle,
and two non-dieted stationary hospitals, each of 50 beds, at Prahusu and
Mansu. With the advanced troops was a field hospital, and a bearer company
consisting of thirty-three men and five officers. The ambulance transport
for this was supplied by 80 cots and hammocks carried by 480 native bearers.

The fallacy that a battalion from Aden would be acclimatized to
heat was exposed on the first day's march, when the stragglers from the
column strewed the road, and the best part of a company had to be
carried into camp. Kumasi was occupied on January 17, and the King
deposed.

The official estimate of the sick rate among 884 British other ranks
was 356 admissions and five deaths, giving rates of 2,624 and 36.8 per
1,000 per annum. Of the officers 40 per cent. went to hospital, and two,
Prince Henry of Battenberg, the Military Secretary, and Major Ferguson,
the Royal Horse Guards, died of malaria. The admissions in the West
India Regiment were 32 per cent.

Four medical officers including the P.M.O. received special promotion
for this campaign, the duration of which was fifty-six days, and two
were awarded the C.M.G.

Since that date, locally enlisted troops led by British officers have
been employed exclusively on the West Coast, and have more than met
all requirements.