

slight vomiting, his colour was poor, and he was drowsy. There were some extra systoles. Systolic blood-pressure 120, diastolic 80 mm. Hg. There were also some vague joint pains in the knees, elbows, wrists, ankles and shoulders. The ephedrine was discontinued.

On May 12, a generalized scarlatiniform rash, covering the whole body and which had appeared during the previous night, was observed. The tongue was coated and patient was still rather drowsy. Temperature normal. There was still some ulceration on the fauces—a further throat swab showed *Staphylococcus aureus* and a few colonies of a nonhæmolytic streptococcus; no Klebs-Loeffler bacillus was grown. This scarlatiniform eruption, the third of the three rashes, is considered to have been the result of the administration of sulphonamide, though it followed five days after the discontinuation of the drug (a recent number of the *British Medical Journal* mentions a case in which skin eruptions occurred after sulphonamide, including one three days after the discontinuation of its administration).

On May 13, the rash had disappeared; the evening temperature was 99·4° F. but the patient felt generally much better and took his food well. The conjunctivæ were slightly injected. No further extra systoles were observed.

A week later all glandular enlargement had subsided, and patient was discharged recovered on May 26, 1937.

My thanks are due to Colonel E. M. Middleton, O.B.E., Commanding The Royal Herbert Hospital, for permission to send these notes for publication, and to Major H. L. Mann, R.A.M.C., who had charge of the case at one period of his stay in hospital.

Echoes of the Past.

WAR EXPERIENCES OF A TERRITORIAL MEDICAL OFFICER.

BY MAJOR-GENERAL SIR RICHARD LUCE, K.C.M.G., C.B., M.B., F.R.C.S.

(Continued from p. 208).

CHAPTER XXVIII.—MEDICAL ANXIETIES.

So far, from a medical point of view, all had gone well, in fact as well as the operation itself, and at my first official interview with General Allenby on September 23, I was able to report everything satisfactory in our department, but within the next few days our troubles began. The first of these was caused by the sick prisoners of war.

Good and reasonable provision had been made beforehand for the medical care of the prisoners, but no one could have foreseen what happened

in the next few weeks. The Turkish Army was wiped out and by October 1 there were seventy thousand prisoners on our hands. Of these a very high percentage were medically unfit. There is no doubt that all through the summer the health and morale of the Turkish Force had been failing. They had had great difficulty, owing to lack of transport, in feeding their Army and they had done little or nothing to deal with the malaria question, so that they had suffered severely from this and other sickness. Before our attack the individual soldiers were already greatly debilitated from disease and insufficient nutriment. Then came the rout and the retreat with its terrible hardships of exhaustion and hunger. Added to all this, they came in for their full share, at this time, of the epidemic of influenza which had just settled on the world. They went sick in thousands. The sick prisoners were scattered all along the hundred and fifty miles between Ludd and Damascus, which latter town fell into our hands on October 1.

In their retreat the Turks had managed to destroy the railway and blow up the bridges and as we had very little road transport available to carry prisoners, they had to march back down the long route they had just fled up in their retreat. They could not be kept where they were captured as we could not feed them there; it was almost more than we could do to feed our own rapidly advancing cavalry.

By the end of the first month the total of prisoners was nearly a hundred thousand and of these twenty thousand had to come under medical charge. Probably nearly five thousand died either before or shortly after admission, though it was impossible to keep accurate records of the prisoners until they received more or less permanent quarters. No ordinary previous preparations could deal with such a situation. Big steps had to be immediately taken to cope with it. The Engineers and Ordnance Department were asked to provide two large hospital camps for 2,000 patients each at Tel el Kebir which was to be the site of a huge prisoners of war camp and another for 1,000 at Bilbeis. The accommodation could only be of the simplest kind. Beds sufficient for this number were not in existence in Egypt; all that could be expected was tents, mattresses and blankets. The existing prisoners of war hospitals were stretched to the utmost limit.

The Red Cross Hospital at Gizeh in Cairo, which had recently been handed over by the Red Cross Society to the military authorities, was cleared of British patients with a view to utilizing it for the more serious cases among the prisoners. One of the most difficult problems was the disposal of the large body of sick and wounded in the Turkish hospitals which fell into our hands as we advanced north. The most important of these were at Haifa, Nazareth, Nablus and Damascus. Though practically the whole of the Turkish medical personnel had fallen into our hands their medical officers were of very little use as organizers. They could undertake the actual medical charge of the cases, but that was

about all. The orderlies were for the most part quite useless except as hospital servants. The German orderlies, on the other hand, of whom there were a few, were first rate and made themselves most useful in the hospitals.

The Turkish hospitals were overcrowded and in a horribly insanitary condition. It was obvious, however, that we would have to make use of them for the time being and improve their condition as far as was possible under the circumstances.

On September 30, Major General Western, the Deputy Adjutant General, and I paid a flying visit to Haifa and inspected the prisoner hospital there. It was a motor drive of seventy miles each way, which we did in the day as well as inspecting all the medical arrangements both at Haifa and on the route. The Main Turkish Hospital had about seven hundred patients, many of them very chronic cases. The sanitary arrangements of the building which had been built as a civil hospital in pre-war days, could never have been very good. They had now hopelessly broken down, and the whole place was saturated with leakage from the drains. Neither the patients nor the doctors seemed to mind much, and the former were not at all particular about using even such sanitary facilities as were provided.

In Damascus things were even worse. There was a huge hospital in the Turkish Barracks containing over 2,000 patients amid sanitary conditions quite as bad as those at Haifa. There were plenty of Turkish and Syrian medical officers, but they seemed to take little interest in their work. The nursing of the patients was entrusted to quite untrained women who came in for the day from the town and clung to the place like parasites with their families for the sake of the food which was provided for them by the British Supply Department.

We were so short of British medical officers in Damascus that the administration of this hospital was for the time entrusted to an Australian combatant officer who managed to enforce discipline but could do little to improve the medical condition of the hospital.

There were concentrations of sick prisoners also at Nazareth, Tiberias and Nablus. There was also a huge concentration camp for prisoners about ten miles south of Damascus where at one time there were over 15,000 prisoners of whom a large proportion were sick and among whom there were many deaths.

During the first week in October further troubles began for the medical department. Our own sick rate, which up to this time had been quite satisfactory, began to go up by leaps and bounds. The troops as they advanced left the area which had been so carefully worked at all the summer and in which the mosquito, though not exterminated, had almost been harried out of existence. They passed through an area where nothing had been done and large numbers of our men became infected in the first few days of the advance and as the incubation period (about fourteen days)

elapsed, they began to go down with malaria. Influenza also broke out and swelled the sick lists. The ordinary sick rate was doubled and it was obvious that we were in for a bad time. The position was put plainly before the authorities and a strong recommendation made that all troops not actually engaged in the advance north should be returned to healthy areas.

The troops that had gone on north were the three cavalry divisions, under General Chauvel, the 7th Indian Division and the 54th Division. The 60th came back immediately after the enemy was routed and was sent down to Egypt. The 3rd and 75th had halted some miles north of the battle area and had not taken part in the pursuit. The 10th and 53rd of the 20th Corps were concentrated round Nablus. The Anzac Division was still engaged across the Jordan in and around Amman, clearing up the remnants of the Fourth Turkish Army. These divisions, except such troops as were absolutely necessary for line of communication purposes and for clearing up the debris left by the Turks, were withdrawn into safe quarters behind the old line. After withdrawal the sick rate in these divisions quickly subsided but with the forward troops it was otherwise.

The 7th Indian Division had to be hurried up to Haifa and was now pushing on along the coast to Beirut. The 54th had taken its place at Haifa where the men were daily becoming more infected.

Of the cavalry, the Australian and 5th Divisions were in and around Damascus, while the 4th was pushing on north still in pursuit of the Turks towards Aleppo.

The hospitals in the forward area were getting terribly congested. To relieve matters the 33rd Casualty Clearing Hospital was hurried up from Jaffa to Haifa and opened in a big Jewish Technical College there. The 32nd Casualty Clearing Hospital from Jerusalem was sent down the line to Kantara and moved up thence by sea to Beirut. It was for the moment impossible to get a casualty clearing hospital to Damascus, owing to lack of transport, and it was equally impossible to bring the sick down from there to Ludd by rail or road.

It was obvious that the only method of evacuation was to take them down to the nearest seaport and bring them down from there by hospital ships to Egypt. The only ports suitable for hospital ships at this stage were Haifa and Beirut. Two hospital ships were detailed to ply constantly between these ports and Egypt and as soon as possible a third was added.

The Haifa-Damascus Railway runs eastwards from Haifa along the plain of Esdraelon, crosses the Jordan just south of the Sea of Galilee and joins the Hedjaz railway, which runs south from Damascus along the eastern border of Syria. The railway had been badly damaged by the Turks in their retreat, especially on the east side of the Jordan, but it was repaired as far as Samakh at the southern extremity of the Lake of Galilee by October 1 and became available for moving sick to the coast at Haifa. The old French line from Beirut to Damascus, which crosses the Lebanon

and Anti-Lebanon mountains, was in bad repair though not seriously damaged, and had little rolling stock on it. The part of it which crosses the Lebanon itself near the coast is a cog-railway, and had not been used by the Turks themselves for many months. However, the road here was in fair condition and fit for motor ambulances. It was possible, therefore, to get the sick down in driblets by rail and road from Damascus to Beirut. The 35th Motor Ambulance Convoy, the only complete unit of motor ambulances belonging to the Force, was sent up to Damascus to help in the transport of the sick down to the coast.

At Damascus many medical officers had gone sick, including some of the senior administrative officers, which made it very difficult to deal with the situation there. The hospitals were becoming overcrowded and the medical personnel, consisting only of that of the field ambulances which had accompanied the troops, was very short. Reinforcements of officers and men were hurried up but transport difficulties were serious. One party of R.A.M.C. men dispatched from Ludd was discovered by me by chance some weeks later at Haifa. I had fondly imagined that they had long been hard at work in Damascus, their destination.

Among the medical officers sent up at this time was the veteran medical missionary, Dr. MacKinnon, who had spent nearly all his working years at Damascus. It was felt that his services there, where he was so well known and so highly respected, would be invaluable. Unhappily, within a very few days of his arrival he succumbed to pneumonia, following influenza.

At this inauspicious moment an alarming outbreak of cholera occurred among the civil population at Tiberias, which lies on the western shore of the Sea of Galilee and on the only available road to Damascus. The cases were traced without doubt to their drinking the water of the lake itself into which their privies directly discharged. There is ample fresh water at Tiberias which is above suspicion, while that of the lake is brackish and distinctly unpalatable to ordinary tastes, but it has always been the custom of the inhabitants to drink this water, and no doubt it saves trouble. A party of Red Cross American Zionists, doctors and nurses, had taken up their position at Tiberias and to them was entrusted the care of the populace and the cholera hospital. At the same time Captain Compton, who was in charge of a motor mobile bacteriological laboratory, was sent up to investigate the outbreak. He and his bottle-laden car had a rough journey, but arrived in condition to do the necessary work. Strict regulations as to water supply and billeting in Tiberias prevented the spread of the epidemic to the troops, and though about fifty cases occurred, only one was a British soldier. When I visited Tiberias a week or two later the epidemic was practically over, but I was able to see what excellent work had been done by the Americans.

At the end of the first week of October when bad reports of the condition of things at Damascus were coming in I sent Lieutenant-

Colonel Bagshawe, my senior staff officer, to Damascus to investigate and report on the condition of affairs there. At the same time Captain Bird, my D.A.D.M.S., went to Haifa to organize the evacuation and embarkation of sick from that part.

The most satisfactory port for disembarkation of sick in Egypt is Alexandria, and it was to Alexandria that most of the shiploads were sent, though one or two went to Kantara. This alteration in the route of evacuation of sick to a large extent threw out of action the stationary and general hospitals at Gaza, Deir el Belah and el Arish, on the lines of communication between Ludd and Kantara. At one time it was thought that we might even have to bring patients up the line to these hospitals from Kantara. However, this retrograde movement never actually became necessary. As the numbers of sick mounted up it became evident that we were soon going to have difficulty in finding hospital accommodation for them.

Long and anxious telephone conversations took place between myself at G.H.Q. and the A.Ds.M.S. at Cairo and Alexandria. Every effort was made to increase the number of beds at both places. No. 87 General Hospital at Giza, which had been handed over for the treatment of prisoners of war, was again taken into use for British troops. The old No. 15 General Hospital in the Abbassia schools at Alexandria, which had been closed a few months earlier when the British troops were being replaced by Indians, was reopened as No. 89.

All the other general hospitals put up temporary accommodation to the utmost of their capacity. Efforts were made to induce Malta to relieve us by taking some of our cases, but without avail. India was asked to stop the despatch of convalescents to Egypt as we were unable to send them on. The Egyptian Government was approached through the Director-General, Colonel Garner, to see if they could come to our assistance again as they had done so helpfully during the Gallipoli crisis, by taking some of our sick into the State hospitals, but this time they could not see their way to do so.

The question of personnel for the new and enlarged hospitals was a serious one. Nurses were scarce and no more could be got out from Home. Many of the V.A.D. nurses resident in Egypt who had been employed almost from the beginning of the War had been recently discharged and had been taken on by the Royal Air Force. Only a few of these could be got back. Fortunately a considerable number of the excellent personnel of the British field ambulances, which had been broken up on their conversion into combined British and Indian units, were still in the country undergoing training to become infantrymen. With the consent of the Deputy Adjutant General, we drew largely on these. No extra medical officers were available; it was necessary to redistribute those we had to the best possible advantage.

On October 14, after the return of Lieutenant-Colonel Bagshawe from

Damascus, I went down to Egypt to discuss the position with Colonel Knaggs and Colonel Beach, and to see how things were getting on in the hospitals at Cairo and Alexandria. By this time a journey down to Egypt was quite a comfortable proceeding. One left Ludd at about 10 p.m., settling down to sleep in plain but quite comfortable sleeping bunks, and arrived at Kantara about 6.30 next morning, in time to get a bath and breakfast at one or other of the two stationary hospitals, whose hospitality—in which they vied with one another—was proverbial throughout the Force. On this occasion, after inspecting the 24th and 44th Stationary Hospitals and No. 2 Prisoners of War Hospital, I paid a visit to the hospital ship "Dunluce Castle," which had just arrived with a load of sick from Haifa. After lunch I drove over to Port Said by the road along the bank of the canal which had been made during the War.

The chief object of my visit to Port Said was to attend a meeting of the Consultants attached to the Egyptian Expeditionary Force. This conference was a new introduction and thenceforward became a monthly fixture. It was presided over by the D.M.S., and attended by the three consulting surgeons, the two consulting physicians, the consulting ophthalmic and aural surgeons, the consulting neurologist, the senior dental surgeon, the senior radiographer and the sanitary A.D.M.S. of the Force who acted as secretary. The A.D.M.S. Force in Egypt attended when the meeting was held in Cairo.

These conferences were of the utmost value. They enabled the D.M.S. to keep in touch with the work that was going on in the special departments of treatment. They gave opportunity for the consultants to make recommendations to the D.M.S. and to discuss lines of treatment with one another with a view to co-ordinating them throughout the Force.

The War has brought out the importance of maintaining a close touch between the administrative and professional sides of the Medical Service as represented by the Directors on the one hand and the Consultants on the other, and this can be done in no better way than by free discussion, such as took place at these conferences. Extravagant suggestions are checked by the consensus of the meeting, and valuable ones are brought out and made good. The meetings were for discussion only, and from the very constitution of the members no resolutions could be passed. From the D.M.S.'s point of view they also gave a definite occasion for a regular visit to the base, by which he could keep in touch with all that was going on there.

On the following morning I paid a visit to No. 14 Australian General Hospital to which reference has already been made. It was a huge place and contained in itself a big convalescent department. One of the chief features of Australian hospitals was the excellence and generosity of the Red Cross Society, which provided every conceivable store that would add to the comfort and amusement of their patients. This does not imply that the British Red Cross did not do the same for our own people, but it always

seemed to me that the Australians had more funds per head at their disposal, and spent them in a more fairy godmother spirit than did our own society. I dare say they were more extravagant, as fairies are apt to be.

Cairo was reached the same afternoon, and a very strenuous twenty-four hours was spent there. Into them were crammed interviews with Colonel Knaggs, the A.D.M.S., with Miss Oram, the Principal Matron, with General Watson, the G.O.C. Force in Egypt, and with my own D.A.D.M.S. at 2nd Echelon, Major Opie.

On the afternoon of the 17th I went to Alexandria to see Colonel Beach and arrived there about 7 p.m. Next day I visited four general hospitals, the Convalescent Depot and Detention Hospital, the Convalescent Hospital, eight miles out at Montaza, and the Prisoners of War Hospital. Besides this I had interviews with General Boyle, the G.O.C. Alexandria, and General Scudamore, in charge of the 3rd Echelon of G.H.Q., which, stationed at Alexandria throughout the War, dealt with all matters concerning reinforcements and War Office returns.

Next morning, the 19th, I started back for Kantara, breaking the journey for four hours at Tel el Kebir to inspect the two prisoners of war hospitals there which were just getting into full swing.

Catching the night train from Kantara, I was back in time for breakfast at G.H.Q. on the morning of the 20th, having put in five fairly strenuous days and having slept two nights in the train.

The impression formed was satisfactory. Everything was going well in Egypt. Everyone had risen to the occasion, and beds had been increased in an almost miraculous manner. The greatest credit was due to Colonel Knaggs, Colonel Beach and their staffs, for all that had been done to meet a great emergency.

At Cairo I had been met with the pleasing news that I had been promoted to the rank of Major-General, and Major Opie had the crossed swords ready to slip on my shoulders on my arrival. The day after my return I heard that my appointment as Director of Medical Services had been confirmed by the War Office.

(To be continued.)
