

Unfortunately the supply of Kirschner wire appliances and Steinman pin calipers at the time was inadequate to treat all the cases. To obviate the delay in treatment which would have resulted, the writer suggested the following improvisation to the surgical specialists of the Rawalpindi and Waziristan districts, and with their approval it was carried out.

An ordinary cavalry spur, which has studs for the straps, was used in place of the standard calipers. The studs were knocked out of the spur by a centre punch and the spur was then sterilized. The pin was driven through the bone in the required position, and the spur, sprung open by the operator, was clipped in place. The stud holes were clipped on the pin and adhesive tape was fastened around the spur shank and over the protruding ends of the pin. The patient was then set up in the usual Thomas splint and a rope was attached to the spur and passed through a pulley on the Balkan beam. Weights were attached to the rope and the desired traction was obtained. The spur remained in position until the patient's convalescence and was found to work as well as the more elaborate calipers specially designed for the purpose. This emergency method appears to have the following points to its advantage:—

- (1) A spur is easily obtainable from any mounted unit, and only a few minutes are required to prepare it for use. Should the holes be too small for the pin, they can be quickly enlarged by a drill to the required size.
- (2) Pins can be made quickly in any repair shop possessing tool steel.
- (3) The spur is easily sterilized and requires no adjusting. It can be sprung sufficiently to slip on the pin by anyone with ordinary strength.
- (4) An unlimited number of cases can thus be rapidly treated, and delay, due to lack of sufficient conventional apparatus, is eliminated.

Echoes of the Past.

WAR EXPERIENCES OF A TERRITORIAL MEDICAL OFFICER.

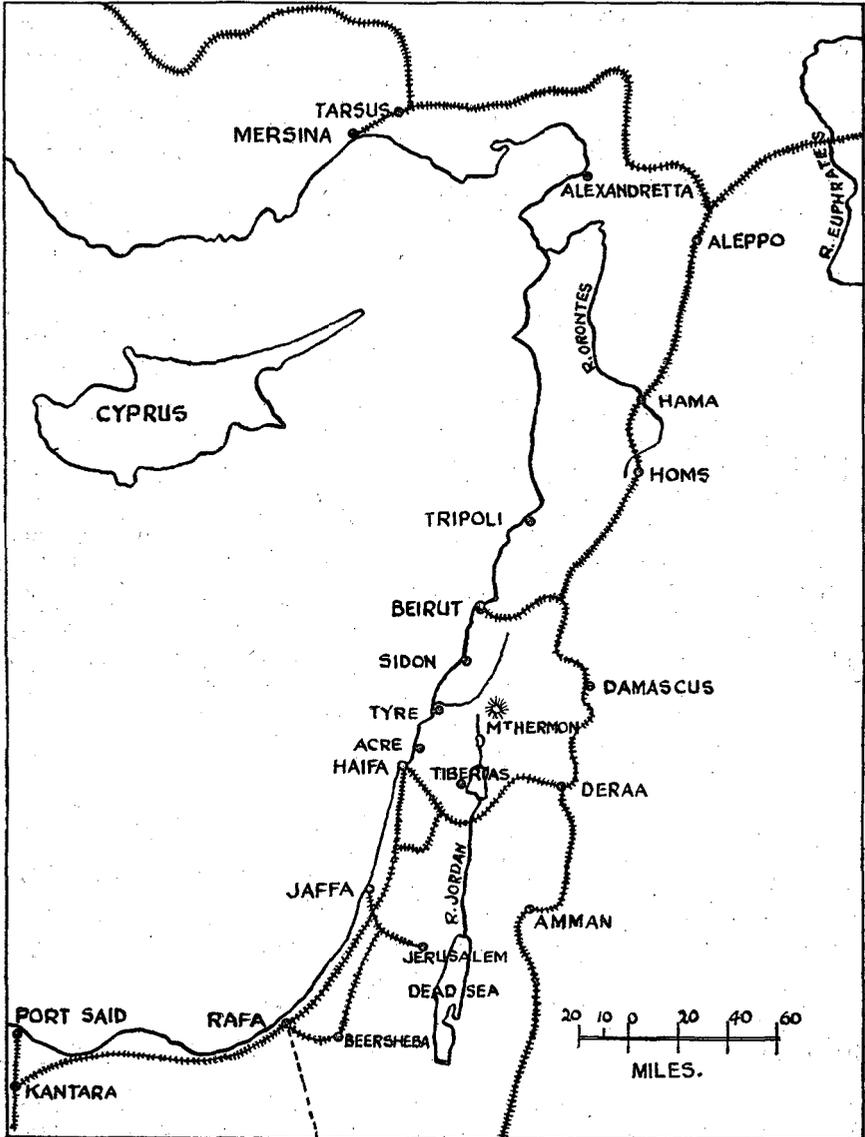
BY MAJOR-GENERAL SIR RICHARD LUCE, K.C.M.G., C.B., M.B., F.R.C.S.

(Continued from page 277).

CHAPTER XXIX.—TOUR OF INSPECTION TO BEIRUT AND DAMASCUS.

After two days at G.H.Q. to deal with the arrears of office work, the D.A.G., Major-General Western, and I, started off to make a tour of the forward area. We took two touring cars and a good supply of provisions. The first day brought us to Haifa. On the road we visited the various field ambulance posts which we passed. A considerable number of the sick was still coming down from Haifa by road, as the two hospital ships available could not cope with the admissions to the hospitals there. A chain of

feeding and resting posts had therefore been established between Haifa and Ludd to accommodate the convoys. The broad-gauge railway was being steadily pushed on towards Haifa. As far as Tul Keram it followed the



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Turkish narrow-gauge line and then struck off towards the coast, along which it would make its way to Haifa, while the Turkish line turned eastwards into the hills so as to pass near Nablus. At this time the new line

had reached a point a few miles North of Tul Keram, and large gangs of Egyptians were being employed on its construction. The motor road was only a mud track and in places very rough and sandy. For the last twenty miles it runs along the coast between the sea and the range of hills which culminates in Mount Carmel and forms the hook on the Palestine coast so well known to us when it was our Sunday task at school to construct maps of Palestine showing the distribution of the twelve tribes.

The slopes of Mount Carmel are steep, and the foreshore on the west side is only a few hundred yards wide and in some places swampy and malarious. As one rounds the point the fine broad bay of Acre opens to view with the town of Haifa spread out along the north face of the Mount.

Ten miles across the bay to the north can just be discerned the old fortress town of Acre. The ascent of the Mount from the town is made by a zigzag motor road. From the plateau at the top a magnificent view is obtained in all directions. The high promontory is a striking geographical feature and must have formed a splendid setting to the dramatic episode enacted there nearly twenty centuries ago. As one stood there one almost seemed to hear the great chorus of priests crying to Baal, and as one looked out westwards one could not help trying to trace the shape of a hand in the fleecy clouds on the horizon.

Towards the north the view of Acre brings other historical memories. The association of that town with King Richard and the Third Crusade; the gallant and successful defence of the town a hundred and twenty years ago by Sir Philip Sidney against the full strength of Napoleon, which broke the spell of his triumphant Egyptian and Palestine campaign and robbed him of those Alexander-like dreams of world empire which had got possession of him.

On a prominence of the hill the Turks had mounted a big naval gun to protect the bay, which could also, if required, be turned landwards. Close beside it stood, till shortly before our visit, the monument erected to commemorate the landing of the Kaiser at Haifa in 1908, on the occasion of his great pilgrimage, but it had been thrown down from its pedestal a few days earlier by sacrilegious hands, as William himself was so soon to be from his.

We reached Haifa at 3.15 and put up at a small German hotel near the Quay. That afternoon we inspected the 2nd East Anglian Field Ambulance Hospital in a Franciscan monastery near the point, and the 33rd Casualty Clearing Hospital which had opened in a big Jewish college on the slopes of the hill behind the town. The arrangements there were exceedingly good, and though it was very full everything was working well.

Night came upon us before we had finished, and the visit to the Prisoners of War Hospital had to be deferred till the next morning. We found things somewhat improved since our previous visit. As we had

ninety miles to cover we made an early start for Beirut, hoping to get through most of the work there during the afternoon.

The road passes out through the old town at the head of the bay, and then it is customary for motor cars to leave the road, which runs inland, and strike off along the beach. The River Kishon runs into the sea near the head of the bay just outside the town. Though a fair-sized stream inland, at its mouth it spreads out over a sand bar so that it can be forded in a motor car. The beach is sandy for the whole ten miles to Acre. Motor cars run well on the hard wet sand just above the water's edge. If you diverge into the dry sand you plough in hopelessly, whereas on the other hand if you stop as we did for a moment too close to the sea the wheels sink into the soft wet sand and become more deeply buried as each wave breaks over them. In a few minutes our car was down to its axles, and had there not been a company of the 54th Division marching by to bodily lift it out of the quicksand the car would inevitably have been lost. As long as the car was kept moving on the hard sand the going was splendid, and it did not take long to cover the ten miles to Acre.

We passed through Acre without time to explore it. It is still a walled town with its old-fashioned fortifications largely intact. The town itself is a network of narrow streets lined with rather squalid houses.

A few miles north of Acre the road has to cross a high ridge of hills which comes down to the coast and ends in a cliff overhanging the sea. The road across it, known as the Ladder of Tyre, had got into very bad repair and in places had broken away altogether into the sea. A new road was in process of being made as we crossed. A magnificent battalion of Sikh Pioneers was engaged on this work.

Tyre itself is on a promontory standing out into the sea, so that the road passes inland about a mile from it. Sidon, now known as Saida, lies on the road several miles further on. This is a more pretentious town. Here we inspected a small field ambulance hospital belonging to the 54th Division. They were sending their cases on to Beirut for evacuation.

Beirut is a big, densely populated town. It has the only good harbour on the Syrian and Palestine coast and in peace time was a flourishing port. During the War it had suffered badly. Blockaded from the sea, its industries and means of subsistence were largely gone. Being off the Turkish lines of communication and with its railway out of repair, it had played but a small part and the Turks had done little for it. The streets had got into a very bad state. At the time of our occupation the poorer people were almost starving. During the first few days it was no uncommon event to find the emaciated body of a starved child lying dead in the streets.

After finding quarters at a hotel near the quay we paid a visit to Lieutenant-General Bulfin at the headquarters of the 21st Corps. It was evident that he and his D.D.M.S., Colonel Sewell, were considerably worried about the medical conditions in Beirut. The sick-rate was high

and the hospitals were overcrowded. The two hospital ships available, even when kept running continually between Beirut and Egypt, could not get the cases away fast enough to keep down the pressure.

The 32nd Casualty Clearing Hospital had opened in the Turkish hospital building, and there was another hospital in the Jesuit College staffed by a field ambulance which would be taken over by No. 15 Casualty Clearing Hospital as soon as it arrived.

At this time practically all the sick from the troops stationed North of the Sea of Galilee were being sent to Beirut for evacuation.

The 7th Indian Division had already pushed on north towards Tripoli, but were sending their sick back to Damascus, as the 74th Casualty Clearing Station destined for Tripoli had not arrived.

The 54th Division was gradually arriving from Haifa to take the place of the 7th Division.

Beirut was also the only practical route of evacuation from Damascus and from the Mounted Division pushing on northwards along the line through Homs and Hama towards Aleppo.

As soon as the casualty clearing station could be opened at Tripoli the sick would be taken there by motor ambulances from Homs.

For the moment the congestion at Beirut was very serious. After our visit to Headquarters we inspected the hospital in the Jesuit College which was in a satisfactory condition except for some sanitary defects. They had five hundred patients. Having been overtaken by darkness we continued our inspection at an early hour the next morning.

The casualty clearing hospital in the Turkish hospital had over seven hundred patients. It was terribly overcrowded and showed distinct signs that the staff were unable to cope with the double work of looking after the sick and keeping the place in order. We did our best to arrange further assistance for them, but it was obvious that the greatest need was more rapid evacuation and the speedy opening of the second casualty clearing station.

I wired back to G.H.Q. to expedite the provision of a third hospital ship and to have some very necessary sanitary appliances sent up at once. It was also arranged that we should instruct Damascus not to send convoys of sick to Beirut without consulting with the D.D.M.S. 21st Corps.

The authorities of the American University College at Beirut had placed at our disposal a most excellent building for use as an officers' hospital and had been most kind in helping to look after the patients. We visited this hospital before we left and found the officer patients in very comfortable surroundings.

We got away from Beirut soon after 9 a.m. on the 24th for our journey over the Lebanon mountains. Four miles out we stopped to visit a field ambulance hospital in a lunatic asylum, splendidly situated on the lower slopes of the mountain.

After leaving here we began the long winding climb. It was a lovely

morning and the views as we mounted were entrancing. The mountains are well wooded and dotted over in all directions with picturesque white villages. Of the famous cedar trees we saw none, though there are, I believe, one or two kept as a special show for tourists. Soon after we passed the summit it clouded over and during our descent on the other side we came in for some very heavy storms of rain and sleet. As we got down into the valley it rapidly became warmer and a soft drizzle set in.

At Moallaka, the first village we came to in the plain, we found a small field ambulance hospital in the station buildings. This station is the point where the railway from Damascus to Beirut begins to be cogged and where the special engines for the mountain journey are hooked on. All these engines had long been out of repair and it had been impossible to work this part of the line. Sitting patients from Damascus were brought by rail as far as Moallaka, admitted to the hospital there for rest and food, and then sent over the mountains by motor ambulance to Beirut. Owing to the poor condition of the rolling stock and the fact that no coaches could be spared for conversion into proper ambulance carriages, more serious cases had to be sent from Damascus by road. These too, broke their journey at Moallaka. After visiting the hospital we went on our way to Baal Bak to pay a visit to General Barrow, commanding the 4th Cavalry Division, and to see the world-famous ruins there.

Baal Bak is in the middle of the open plain which lies between the Lebanon and the Anti-Lebanon mountains. It is twenty miles up the broad-gauge Turkish railway which comes from Aleppo and the north and joins up with the narrow-gauge Damascus—Beirut line at Ryack. There is no doubt about the glories of the ruins. There are the remains of three magnificent temples grouped together in one enclosure. They were dedicated respectively to Jupiter, Venus and Bacchus. They are in sufficient repair to give a good idea of their architecture and decoration. The origin of these temples is wrapped in obscurity, but it is thought that they date from the early years of the first century A.D.

After our visit we drove back to Moallaka and spent the night there. General Western stayed with a well-known and wealthy Syrian landowner who lived there. His A.D.C. and I found very comfortable quarters in the house of a gardener, Jussef by name. We slept on rugs on a raised part of the parlour floor and were provided with milk and home-made bread next morning.

In the evening in pouring rain I went to see my old friends the London Mounted Brigade Field Ambulance, who had gone with their brigade to Salonika on the breaking up of the 2nd Mounted Division in 1916 and on their return to Egypt had become attached to the 4th Cavalry Division. They had a hospital for their division in a building near the main road to Damascus.

Early next morning we resumed our journey to Damascus. The road after crossing the plain has to make its way over the Ante-Lebanon

mountains. These run parallel with the true Lebanon and end some miles south in the hoary old head of Mount Hermon, which with its snow-capped top stands like a watch-dog looking out over the whole of Palestine to the south.

The country is wild and desolate. The whole route was strewn with débris of the Turkish Army, for this had been their main route of retreat from Damascus. Vehicles and dead animals were scattered everywhere along the roadside and here and there a dead Turk had so far escaped burial.

We reached Damascus at eleven-thirty. The last part of the road runs down a lovely valley by the side of a mill stream which is one of the tributaries of the Abana River. No really good panorama of the city is obtained by this approach, as a turn in the valley close to the town shuts it off from view. The city covers a big area on the plain which shelves off towards the East into the desert. It has a population of over five hundred thousand and is probably the oldest city in the world. The modern part is built on the slopes of the hill to the westward and overlooks the old town.

We had no time for sightseeing. The medical position in Damascus was as serious as that in Beirut and we had but a few hours to gain a first-hand knowledge of it. We obtained quarters in the Victoria Hotel opposite the station.

The government of the town was in the hands of the Emir Feisal and the Arab army which had co-operated with us in the capture of the city. During the advance the Arab army had marched up parallel with our own along the Hedjaz railway and arrived simultaneously.

The streets at Damascus were still full of Arab troops dressed in khaki uniform with Arab head-dresses. They rode about the town on rather sorry-looking nags, each man armed with a couple of rifles, one slung across his shoulders and the other loose in his right hand, evidently bent on showing themselves off and filled with the joy of victory. There was a good deal of indiscriminate firing during the first few days of the occupation mostly, I believe, what might be described as a *feu de joie*, the bullets going casually into the air and not in the express direction of passers by.

Our first visit was to General Chauvel, who had his headquarters in a fine villa in the new part of the town. There we also found his D.D.M.S., Colonel Downes, who was also the senior medical officer of the Australian Force attached to the Egyptian Expeditionary Force.

They had quite as many difficulties to put before us here as General Bulfin had had at Beirut. Medical administration had been and still was very difficult. There was a high sick rate, largely due to influenza, but partly also to malaria contracted in the march north. It had been quite impossible up to this time to get a casualty clearing station to Damascus, though Lieutenant-Colonel Cahill, commanding the 66th Casualty Clearing Station from Jerusalem, had just arrived to make arrangements for the location of his unit which was on its way up.

To avoid friction with the Arabs and also for sanitary reasons the British troops were for the most part quartered outside the town, whereas the three hospitals used for British troops were in the town, two of them right in the densest part of the old town and almost inaccessible for motor cars. These hospitals had in pre-war times been respectively British and French hospitals. The third, which had been the German hospital, was close to the station in a better neighbourhood and much more accessible. There was another field ambulance hospital two miles to the south of the town.

All were still overcrowded and understaffed, though the pressure was evidently not so great as it had been a week or so earlier. The only medical personnel and equipment available were those of the small and very mobile cavalry field ambulances. Little or no equipment could be obtained locally. The health of the troops was improving. There had been some formal complaints sent by zealous Yeomanry officers as to the medical treatment that they and their men had received in the Damascus hospitals. These complaints had to be investigated. Most of them were not really very serious and all the points complained of were fairly excusable under the very difficult circumstances of the time. Many medical officers had gone sick and there was no possibility of their being immediately replaced. Added to this, there had at first been great difficulty in obtaining an adequate supply of medical comforts though the supply department had done their best to collect what could be obtained locally. The supply difficulty was over before our arrival and the overcrowding and shortage of personnel would be lessened when the 66th Casualty Clearing Station reached Damascus.

It was evident that it would be some time before evacuation of sick from Damascus could be arranged on a better footing. The congestion at Beirut and the impossibility of using the Damascus—Haifa railway until the broken bridges were repaired stood in the way. It was necessary, therefore, to concentrate on providing better accommodation for our sick in Damascus itself, and on trying to improve the health of the troops by camping them on a good healthy site well away from the town. Such a site existed about three miles to the south where the soil was sandy, there was no standing water and no mosquitoes. It was agreed that the troops should be concentrated there in camps. At the same time it was decided to open the casualty clearing station close to the camps. The two hospitals in the town were to be closed as soon as they could be cleared. The German hospital near the station would be retained as it was a good building and easy of access.

The next problem that confronted us was the disposal of prisoners of war. The bulk of them had been congregated in a camp at Kaukab, fifteen miles south of Damascus, on the road to Tiberias. At one time there had been 15,000 there, but this number had been reduced by this time to about 6,000. Besides these there still remained a good many in Damascus employed on various fatigue and conservancy works.

The large Turkish hospital in the barracks close to the railway station still contained about 1,500 and there was no possibility of getting them away south for the moment, even if we had anywhere to send them. The numbers had been reduced somewhat by deaths and recoveries but fresh admissions were constantly taking place as the prisoners were nearly all in a poor state of health. It was obvious, therefore, that we should have to keep this hospital open for the time being and make the best of it. There were plenty of Turkish and Syrian medical officers to treat the patients, but they were quite useless for administrative work, so it was decided to send up a senior R.A.M.C. officer to take command.

Among the patients were a good many cases of typhus. It was arranged to isolate them in a separate adjoining building, and a campaign against lice and other vermin was organized. We also interviewed the railway authorities with a view to obtaining a better service and improved accommodation for patients on the railway between Damascus and Moallaka. After a long conference with Colonel Downes and Lieutenant Angus, my Sanitary A.D.M.S. who was in Damascus at the time, I embodied the results of our inspection and the policy we had formulated in a report which was sent to General Chauvel.

At Damascus I met Captain Ramsey, an R.A.M.C. officer who had been detailed to serve as medical officer with Colonel Lawrence, and the other British officers who accompanied the Emir Feisal and the Arab Army during its march north. He gave a most interesting account of his experiences and was full of admiration for the Emir who was always ready to listen to recommendations on the medical problems of the campaign, though not always able to carry them out.

We left Damascus at 7.30 next morning, October 26, calling on our way at the proposed camp site three miles out where an Australian field ambulance was occupying the building which was to form the nucleus of the casualty clearing station when it arrived.

We then went on to Kaukab to inspect the prisoners of war camp and its hospital. The health of the prisoners was improving, but there were still about three hundred in hospital. In the whole camp there remained 6,000 Turks, the rest having been despatched south by route march in batches of 1,000 at a time.

On leaving Kaukab the road passes over a desolate and stony plain skirting the eastern side of Mount Hermon which stands up grandly from the plateau. The mountain still showed patches of snow near its summit, though no fresh snow had yet fallen. The stones which cover the plain are a kind of pumice, evidently volcanic in origin. The Turks had recently been at work on this road and there were several derelict steam rollers by the wayside.

After passing Mount Hermon which forms the southern end of the ante-Lebanon range, the road leads westwards and begins to drop rapidly into the upper end of the Jordan Valley. It crosses the Jordan between Lake

Merom and the head of the Sea of Galilee, and then makes its way on to the high ground to the west of the northern end of the lake. About ten miles from Tiberias it descends again to the shores of the lake of which a magnificent view is obtained as one descends. Tiberias is now the only town on the lake. Conditions must have been very different in Galilee in New Testament times. The population must have been bigger and more flourishing. Few of the numerous villages which then fringed the lake have left any remains and the fishing industry is no longer a flourishing one.

Tiberias itself contains many remains of ancient days, walled fortifications and other buildings. Picturesque and romantic as it is in appearance, it is full of the direst potentialities for evil. Here it was there occurred only a few weeks before that outbreak of cholera already referred to which added so greatly to our anxieties.

At the time of our visit there were only a few convalescents left in the hospital. No fresh ones had occurred for over a fortnight. We met at the hotel in which we stayed the members of the American Zionist Red Cross Mission who had done such excellent work. With them we inspected the cholera hospital.

Next morning, October 27, we started very early on a flying visit to Samakh, a small village near the foot of the lake. This was an important point on our line of communication, for here the railway, having crossed the Jordan, a few miles lower down, turns eastward up the valley of the River Yarmuk to meet the Hedjaz railway at Deraa. About five miles east of Samakh, where the railway crosses the valley by a high viaduct, the Turks had done much damage by destroying the arches, and the work of repairing them was causing serious delay in the re-establishment of the railway service to Damascus. The construction of temporary wooden bridges had been entrusted to a Canadian Bridging Company. Samakh and the valley of the Yarmuk in which the work was going on was a hotbed of malaria and the Canadian company and the troops engaged in guarding the temporary railhead were suffering seriously from its ravages, almost to the extent of stopping the work at times. It was a work that must go on, but we did our best to get as many as possible of the supernumeraries removed to more healthy camping sites.

To proceed on our journey we had to retrace our steps to Tiberias and then skirt westwards over the hills to Nazareth. This is a fair-sized village with a good many modern buildings, perched high on the hills and looking out southward across the plain of Esdraelon.

There was a garrison at Nazareth of one regiment from the 3rd Division and a field ambulance hospital. This latter was pitched at the summit of a hill which was almost inaccessible to motor ambulances. At the foot of this very hill in most convenient buildings belonging to a Roman Catholic convent was a small regimental hospital of the Connaught Rangers. The good ladies of the convent not unnaturally preferred their co-religionists

from Ireland to a mixed crowd of British and Indians, but it was hardly fair that the larger and more important hospital should be in the very inferior building. With a recommendation that the field ambulance should be moved we passed on.

Time was pressing if we were to get home before night, so we had no time to visit Samaria or Nablus *en route*.

From Jenin, on the south side of the plain, to Tul Koram, we followed the road by which the Turks had retreated after the battle. It was still littered with the débris of an Army. None of their transport had been able to pass the cordon of cavalry which had intercepted them at the point where the road emerges into the plain.

On reaching Tul Keram we found conditions very different from what they had been when we came north a few days before. The rains had begun and the roads had become almost impassable in places. Our second car had broken down and had been left behind at Tiberias. In the other we ploughed on in the growing darkness, until at last with a final plunge into a swamp we stuck hopelessly. After a long wait another car came up and took us on, only itself to stick in turn just as we were getting into Ludd. After another long wait of over an hour our own car turned up, having been towed out by the Commander-in-Chief's second car which happened to come along. We did not get home to G.H.Q. before 11 at night.

During our absence Aleppo had fallen on October 27 to the 5th Cavalry Division. Four days later the Turks asked for and were granted an armistice. This was followed on November 11 by the Armistice with Germany.

With the cessation of hostilities arrangements had at once to be considered for a new disposition of the troops and these of course involved medical changes also.

The medical situation, though still giving cause for anxiety was better. Considerable difficulty had been experienced in getting the third hospital ship started. One of the causes of this difficulty was that by recent arrangement with the enemy it was necessary for every hospital ship to carry a Spanish Commissioner to guarantee its *bona fide* use. Perhaps not unnaturally in view of previous experience, it was not very easy to persuade a Spaniard to sail the Mediterranean at this time, even though the Germans had granted their kind permit for him to do so.

(To be continued.)
