MEDICAL EXPERIENCES WITH THE RINGROSE FORCE IN ABBYSSINIA.

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After the fall of Asmara in March, 1941, the Italians retreated south to the fastnesses of Abyssinia and two garrisons, Wolcheffit and Gondar, held out during the rainy season. The safety of Gondar depended mainly upon the strength of the natural fortress of Wolcheffit.

Wolcheffit is a mountain of about 12,000 feet, and zigzagging up the sheer precipitous northern face had been hewn the road to Gondar. This road the Italians destroyed in places and Ras Dascian (15,000 feet) and impenetrable mountains and gorges rendered the approach from the east impossible. Only the south and west were open but the Italians held the south with Gondar, the approaches to which were impassable except over Wolcheffit.

There remained the west. Wolcheffit there terminates in sheer cliffs hundreds of feet deep except for one narrow causeway not wider than 50 yards across and giving access to a peak from which a rough steep track leads to Bosa Village 6 miles away. The causeway is protected by two forts and a third overlooks Bosa Village.

This Western Sector was assigned to the Ringrose Patriot Force, commanded by Major B. J. Ringrose (now Lieutenant-Colonel B. J. Ringrose, D.S.O.) who had volunteered for service amongst the Abyssinians or Habash as they are more commonly called.

However, practicable as was the approach from Bosa Village for hardy mountain troops and pack mules, the route to the village itself from the British Base at Zerema is a narrow foot-track which is either a quagmire in the valleys or a heartbreak for man and beast on the ridges. It first circles away and over the mountains to the west and then south and east towards Bosa. It is a three day journey, and climbs and descends precipitous ridges and cliffs, up and across river beds and through hostile Shifta (or Bandit) Country, from an initial height of 3,000 feet at Zerema to Bosa at 10,000 feet. It is impossible adequately to describe the condition of this track during the rains. The mules would frequently sink knee-deep in the mud and at intervals on the cruel ascents the carcasse of one dead from exhaustion would be encountered. As often as not the riding mules collapsed and the journey had to be completed on foot. I myself tramped the whole way there, preferring the stress and strain of climbing to the constant danger from jagged thorns and overhanging branches which in places literally overwhelmed the track. Parts of this pass led through Shifta country and sniping and bomb-throwing had to be expected. Even the villagers were treacherous. Our
convoy were frequently attacked and robbed and it can be imagined how difficult was the problem of evacuation of wounded and the transport of supplies.

The Force itself consisted of 11 British Personnel (the O.C., one Subaltern, Second Lieutenant A. Railton, one Medical Officer, two Serjeants, three Signallers, two R.A.M.C. Privates and my Indian Hospital Corps Orderly), twenty Commandos, the Third Ethiopian Battalion, 200 strong, trained in Khartoum and splendid fellows, 500 Abyssinian Loyalists and 15,000 to 20,000 so-called Patriots.

I carried my initial medical kit in cartridge cases, one strapped on each side of a mule. They were severely battered in the bush and by the cliff sides but nothing was lost or broken. Clamped down with the lids uppermost they proved water-tight, providential in view of the torrential rains which last for at least three hours daily in the rainy season. The rain drove through my tent on the first night out and I was not very dry but, and this will seem sacrilege to my Indian friends, some melted ghee, applied by my Orderly when we reached Bosa and had an opportunity to stop and dry our kit, kept out every storm and, incidentally, when the sun was strong and the ghee melted, every visitor also. I shall always now associate the smell of ghee with mountains, lice, fleas and floods.

Subsequently fifty cases of medical stores in panniers were sent to us, each pannier being so weighted as to constitute one mule load. Their safe arrival was a tribute to their selection and the skill in packing.

The chief point of medical interest on the track journey, and my most serious problem at the time, was my own bodily reaction to the rapid increase in altitude. The third and last lap of the journey is the severest, and I had to summon all my strength and will-power to accomplish it. However, after living at 10,000 feet for two weeks, I was tempted to conquer a neighbouring peak and found that I could then climb with ease. I was amazed at my rapid acclimatization. Later still I was never exhausted by the steepest hills—well, hardly ever. Towards the end of the campaign when the rains began to diminish it was proposed to send East African troops to us and I advised that the men should be given six days for the journey and that they should remain at Bosa for two weeks before they were sent into action. The Habash himself runs up the mountains, and simultaneously carries on an animated discussion with his companions. He is usually thin and wiry and until old age can carry heavy burdens up the steepest mountains with ease. Most cardiologists agree that one cannot strain a healthy heart. The case which follows illustrates this. As the campaign was drawing to a close and the Italians became short of provisions, they led a covering sortie one day against our forward position, while a party endeavoured to collect grain in the fields between our lines and theirs. Reinforcements were urgently required by Railton, whose men were repelling the attack and, to the sound of war horns and fusillades of shots, Bosa Camp sent help. The shortest route was taken,
practically uphill all the way for 6 miles at the maximum speed possible. One man carrying a machine gun, bayonet, heavy bandolier and revolver, reached the last and steepest part of the track and then collapsed. His features were drawn, his face was as pale as an Abyssinian's can be, his clothes were saturated with sweat and his pulse was extremely rapid and of poor volume. However, the apex beat was normal in position and the heart sounds were loud and regular. He rapidly revived during ten minutes' rest and insisted upon completing the journey.

Our Main Force camped near Bosa Village, and after changing hands several times, the Forts guarding the Causeway, "Battalion" and "Mortar," were held by us. For three months in these forts and forward of them the majority of our casualties occurred and it was always a most trying ordeal transporting the wounded over the 6 miles of mountains back to Bosa Camp. There was an attack by either side about every ten days. I had six stretcher teams organized, the bearers being really muleteers who took the day off on battle days to see the fun. Each team consisted of six to eight men commanded by one of their number and given the rank of "Capitano" by me. This gave him added prestige and some justification for once again asking for increased pay. The stretchers were made from boughs cut from the bush and criss-crossed with shorter pieces. They were padded with leaves, and the patient was tied on with strips of hide.

The casualties nearly always demanded to be kept at Bosa Camp. This was in a way just as well since to evacuate one man further over that frightful track required 20 bearers and £20. Five days would be spent on the journey down, three days for rest at Zerema and three days on the return. The evacuation of a dozen casualties to Zerema would, therefore, entail the absence of 240 good men for nearly a fortnight, many more than the Force could spare. In my initial inexperience I insisted upon our first compound fracture, a G.S.W. of the femur, being evacuated next day, but on the following morning the patient, his friends, and our Thomas Splint had fled the camp and were well on the way to their village. The friends had by this time seen something of the methods of maintaining tension on the limb, and I can but hope that, if the patient has survived, not too sorry a union has resulted.

Our theatre was a thatched hut built by the muleteers. It was about 9 by 12 feet by 8 feet high at the ridge pole. The roof leaked wickedly and the bitterly cold winds shrieked through the interstices in the walls no matter how thick and closely thatched we had them made. We tried hanging our limited number of ground sheets beneath the roof and against the walls but on battle days these invariably had to be removed to provide cover and protection for the stretcher cases awaiting treatment. One's hands became stiff with cold and the only remedy was frequent washing in water maintained hot by the cook and his myrmidons. At the conclusion of 33 cases on one bleak battle day my hands were chapped and raw. We had deep channels cut at the foot of the walls to carry away the surface rainfall. In our ignorance
at the beginning these were not deep enough, and one afternoon I operated straddling a stream as it flowed across the floor. Frequently casualties would arrive in the late evening and lighting was a difficult problem. The Signallers lent me their battery and wired up a small globe but the result was always a Stygian gloom, not conducive to success in the search for a piece of projectile or a bullet. Our table was a stretcher, resting at each end on a double box of dollars, the monthly pay for the Force. It was really not so inconvenient since there were masses of assistants who would tip the table as we desired. The only difficulty was that the juxtaposition of attendant Habash and Ethiopjan Dollars bred evil thoughts in the minds of the former and a close watch had to be kept on the patient’s condition and his friends.

The cook was always my willing ally and boiled the instruments as only a cook can.

No other anaesthetic being available, we used pure chloroform throughout and not once did it cause the slightest anxiety. The Senior R.A.M.C. Private soon became a proficient anaesthetist and I could then leave him with all confidence while I attended to the wound. We used tr, iod. mit. for the skin preparations and acriflavine for the wounds. Healing was nearly always rapid and unattended by gross sepsis except in the more elderly men. I think that the height and consequent hyperconcentration of haemoglobin were factors in the rapid healing. In my own case I cut an index finger so deeply that the subcutaneous fat protruded through the wound but six days later the skin had completely healed, a much rapider process than at lower altitudes. Isolated as we were, I missed a microscope, as witness my diagnosis of relapsing fever in what eventually proved to be kala-azar.

Apart from the battle casualties, several interesting conditions were encountered. Leprosy was seen in a local village priest, an old man who stood on stumps, his feet having long since eroded away. Conjunctivitis was common and due to the absence of chimneys in the native huts. Every Abyssinian suffers from tapeworms and periodically even the chiefs must retire for a day or two for intestinal disinfection. The native remedy is Kusso, the berry of an indigenous plant and a substitute for Felix Mas, which I should like to bring before the notice of the profession. This universal affliction is due to the Habash custom of eating meat raw or only partly cooked. Meat is cut into strips and hung in festoons from the ridge pole and on entering a native hut it is difficult to avoid an unpleasant encounter of one's face against the family larder. Despite the intense cold and, judging by our standards, inadequate clothing by day and night, no case of bronchitis or pneumonia occurred. Chronic iritis and its crippling effects were not uncommon but I had no means of judging if these were due to syphilis. The Habash is completely devoid of the most elementary principles of sanitation and yet only two cases of dysentery, presumably bacillary, occurred.

Syphilis was our biggest medical problem. Every day at least half a dozen new cases came for treatment. Syphilis abounds in Abyssinia and is of a most
serious and acute type. The Italians aver that syphilis has always been endemic and because of it the Abyssinians are a degenerate race. On the other hand the Abyssinians accuse the Italians of introducing it into the country and spreading in a previously unaffected race it has reaped a devastating harvest. I feel inclined to absolve the Italians from blame, after seeing congenital syphilis in a village youth with bilateral corneal opacities and huge crippling but healed ulcers on both lower legs. Otherwise, all the lesions encountered were either primary or secondary. I saw no tertiary or neurosyphilis. No arsenic, bismuth or mercury was at first available and the only criterion for sending a man back to Bosa was whether or not the disease temporarily incapacitated him. It is a traditional Abyssinian custom for a youth at the age of 18 to have sexual intercourse and the extremely widespread incidence of syphilis partly due to this. All patients were promised injections at the end of the campaign. Had we evacuated all cases, we should have had very little Force left. The primary chancres were usually large and associated with much oedema. The commonest secondary lesions were condylomata and during the battles it was not pleasant without gloves to have to apply a Thomas Splint in a grossly condylomatous patient.

Many villagers came for gratuitous treatment but, after we had been attacked by them in the middle of the night and since we were then short of rations, I fixed a fee of six eggs for their consultations. Thereupon the numbers attending subsided rapidly.

Battle casualties presented every type of wound from bullet, H.E., and land mine. Through-and-through bullet wounds of bone were fairly common and, with simple immobilization in improvised splints, all did remarkably well. Two shocking face wounds inflicted by land mines were treated by cleaning out the clot and then stitching the apposed edges. What at first sight appeared to be hopeless and suitable only for packing proved in both cases to respond to this treatment and good aesthetic results were achieved. Our biggest effort was a laparotomy and repair of multiple bowel lacerations, the small and large bowel both being completely divided as the result of a bullet wound in the right hypochondrium. I had repaired the small bowel and had just completed the colostomy when the patient died on the table. Since the liver was lacerated and severely pulped it was a hopeless case and although deep mattress sutures controlled the bleeding, he was too low by that time to rally. There were five cases of through-and-through bullet wounds of the chest. These were closed by stitching. In the two most serious, where an open pneumothorax was a complication, the sutures were pulled tight while the breath was momentarily held at the end of expiration, and firm pressure was maintained by pads and tight bandages. All recovered without incident except for an alarming hæmoptysis in one otherwise uncomplicated case. In the two pneumothoraces no signs of fluid appeared and the lung gradually re-expanded.

The casualties were housed in their own huts and despite the primitive
conditions most progressed remarkably well. Apart from wounds fatal on the Field and an occasional murder we had three deaths, one from shock, in a bullet wound through the upper third of both femora, one in the abdominal wound described above and one in an obscure case of jaundice who refused to be evacuated. With the means at my disposal I could not elucidate the diagnosis further.

We were all infested with lice and fleas and the only result that captured Italian antiflea powder produced was a dermatitis much more irritating than the fleas themselves. The third pest was the Stomoxys, a fly of peculiar viciousness, whose bite is followed by a flow of blood and profanity.

In the slack intervals between attacks I spent much of my time exploring the surrounding country. When the Signallers wished to lay a wire by the shortest route between two points, my knowledge of the terrain was called upon and I led the wire party up and down cliffs, along ledges and through forests. I fear that as one of the Protected Personnel I contravened the Terms of the Geneva Convention.

Finally the Italians capitulated and the Force returned to Base through the enemy lines and down Wolchett cliffs. It was a most hazardous route and the evacuation of our wounded was only partial until the road could be reopened. To illustrate the terrifying heights which abound in this district, I must conclude with the story of the Driver who later ran off the road and fell with his truck many hundreds of feet. Miraculously he escaped with only concussion and minor injuries and returned after six weeks to the scene of his accident. On being shown the precipice down which he had fallen, he fainted in the arms of his friends.

ET FORSAN HAEC Olim MEMINISSE IUVABIT.

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