

Samuel Robert Hunter (1877–1948)

President of the Ulster Medical Society

1934–35

Presidential Opening Address Ulster Medical Society,

REMINISCENCES OF JANESH, 1916–1917

My first duty is to thank you for electing me as your president for the ensuing session. I need scarcely tell you how fully I appreciate this high honour; at the same time I must confess that not only do I thoroughly realize the high traditions and the great responsibilities that are attached to it, but even more do I realize the very capable and brilliant manner in which these duties have been maintained by my predecessors. I feel, therefore, that I must crave your kind indulgence for any apparent lack of efficiency on my part during my year of office, but I can promise you that I shall try to do my very best to maintain something of that high standard this Society is accustomed to expect from its president.

To decide on a subject which would be suitable for an address to-night was rather a difficult problem for me. Every medical student knows that a general practitioner, by his extremely varied daily work, of necessity becomes a "Jack of all trades and a master of none," so I decided to leave medical subjects almost alone and to give you a few impressions of my experience of service during the Great War.

I cannot give you an account of any very exciting or hair-raising incidents, but I hope I may be able to draw for you a sketch, certainly very imperfectly, of life behind the lines, which to me was always novel, interesting, and with an occasional thrill.

Twenty years ago, in the second year of the war, the demand for men, including doctors, was becoming more and more insistent. Men newly qualified had then no difficulty in making up their minds what to do, for even medical students were dropping their studies to join up as combatants. At Queen's the Corps of Veterans had been formed, in which professors, lecturers, and many of the older medical men of the city and district were being drilled for home defence. In Dunmurry, Dr. Gaussen and I were leading normal professional lives, with nothing more exciting than the drilling of Ulster Volunteers and the teaching of Red Cross classes, in view of some civil trouble which was then threatening. Many of our friends, relations, and patients were joining the Ulster



Division and other regiments; so we came to the conclusion that it would be possible for one of us to do all the work and allow the other to volunteer. Being senior and getting near the age limit, my colleague claimed it as his right to go first. He was accepted, and soon afterwards was appointed to the hospital ship "Britannic," where he found a Dunmurry friend and an old Queensman, Colonel Anderson, R.A.M.C., in charge, who made him his adjutant. After six months pleasant and useful experience he returned home, and a few days later I started my military career at the Victoria Barracks, Belfast. For the next month, in addition to the usual duties attending patients in the wards, I received the instructions necessary for running a military hospital, going through the routine work of the office.

This was very interesting work, but I never had an opportunity of putting my knowledge into practice, except for one day only, when I had the honour of being in charge of a hospital ship on the River Tigris, running between Amara and Baghdad. The usual medical officer in charge of this ship had been

Samuel Robert Hunter

summoned to a court martial which he thought would put an end to his command. But he was sent back the following day, and I had to return to the stationary hospital in Baghdad, at which the previous night I had been given a farewell dinner. At the end of a month in Belfast I got orders for Egypt, and was told by my medical friends here that this was a nice "cushy" job, and from the experience to be gained there I should probably return a venereal expert.

On the 8th July, 1916, with about forty other medical officers, I sailed from Devonport in the Cunard liner "Franconia" – not the "Franconia" in which the B.M.A. members are sailing next year round the world to visit Melbourne, for our ship was shortly afterwards sent to the bottom of the Mediterranean by a torpedo. After calling at Gibraltar, we hugged the northern coast of Africa, passing sufficiently close to have a good view of Algiers. From this point till we arrived in Malta lifebelts had to be worn all the time and not simply carried, as had been previously done, because warning had been received that a submarine was in our close neighbourhood. On reaching Malta we were allowed the afternoon on shore, and some of the passengers found themselves wandering about the town still enveloped in their lifebelts.

Four days later we reached Alexandria, and were driven in ambulances to Mustapha Camp, where, as there was practically no work to do, nine very enjoyable days were spent bathing at Stanley Beach, playing golf at the Sports Club, and seeing the sights of Alexandria both by day and by night.

While in this camp many swallowed enough sand and also oily food polluted with flies, that they soon had sufficient reason to imagine that they were developing dysentery. As a matter of fact, on reaching Port Said, our next port of call, my cabin companion, the late Fred Davey of Belfast, had to be taken to hospital suffering from amoebic dysentery.

A stay of six days was made at Port Said for the purpose of having a stern gun fitted to our new ship, the "Ismailia." These days passed very pleasantly. Those who wished were given leave to visit Cairo, and for those who remained there was good sea-bathing, with excellent meals in the Eastern and Casino Hotels. The temperature in the afternoons was generally a little over 80° F. in the shade.

Our ship, a small British India steamer, in addition to about one hundred officers, was carrying a cargo of ammunition and petrol in tins, unprotected except for our new stern gun. Fortunately we again managed to dodge the submarines which were frequenting these waters, and sailed into Salonica Harbour one month after leaving England, passing on our way up

the wrecks of several large steamers which had not had our good luck.

Probably many members of this Society have had the pleasure of sailing up the Gulf of Salonica and seeing what I can only very feebly attempt to describe. On one side are the blue rugged hills of Calcidice, and on the other the mountains of Macedonia, with the great peak of High Olympus, sacred to Zeus, the Thunderer, almost ten thousand feet high, dazzling white and dominating the whole view. Straight ahead lay Salonica, the ancient Thessalonica of the Greeks, the scene of the early missionary efforts of St. Paul – a city with a troubled history of being ruined on many occasions in the past by fire, earthquakes, and plagues. In its time it had been held by Romans, Saracens, Normans, and Venetians. Captured in 1430 by the Turks, it had been held by them till the victorious Greeks recaptured it in 1913. Many of its buildings along the front and near the barracks shewed the bullet marks of this last fight.

Salonica approached thus from the sea is really a beautiful sight, resembling in shape an irregular quadrilateral composed of terra-cotta buildings with red-tiled roofs. Among these were visible many green spots formed of cypress and mulberry trees, as well as white, slender minarets and domed mosques scattered over the city as it rose tier upon tier to the feet of the bare, distant hills of Kalamaria. Along the water-front, which extends for a mile, ran the principal street; on its one side was the quay, and on the other in an unbroken row were many of the principal hotels, banks, cinemas, and the houses of the rich Turks and Jews. At one end was the famous "White Tower," formerly known as the Tower of Blood, owing to the numerous deeds of nameless cruelties perpetrated within its walls. I need not tell you what a disillusion awaits the traveller on landing. But still, there was much of interest to see in this ancient city, and this interest was greatly increased by the swarms of armed men which made Salonica at this time one of the most crowded and cosmopolitan spots in the universe. La Place de la Liberté was the centre of all its life, a large open square; on two of its sides were cafés, one of these being the famous "Flocca's." Small tables and chairs covered the sidewalks and roadway except for a narrow gangway for pedestrians, all other forms of traffic being barred. As a rule, every seat was occupied by the fighting men of over a dozen nationalities, enjoying an infinite variety of drinks, smoking and talking shop in half the languages of Europe. Among these frequently were seen English Army sisters and nurses having afternoon tea, and enjoying an hour or two off from their arduous work.

Samuel Robert Hunter

The varieties of uniform seen were endless. As well as those worn by the men of the British, French, Italian, and Russian regiments, were those of the sailors of the same nations. In addition to the new uniforms of the revived Serbian Army and the newly recruited volunteer Greek regiments, were seen costumes ranging from those depicted in Biblical illustrations to city dressed men wearing fezes, as well as Greek gendarmes with their amply-seated baggy breeches.

Shortly after our arrival in Salonica an Irishman from Mayo and I received orders to join the 31st Casualty Clearing Station at Janesh, thirty or forty miles up country from Salonica.

Janesh was then the railhead for the 12th Army Corps and quite a busy spot. The C. C.S., which had been opened only a week before our arrival, was placed on a small hill a quarter of a mile from the railway. From it a plain extended northwards to the hills at Doiran, where the principal fighting was then taking place.

As is well known now, it was at Doiran that the first breach was made in the enemies' ring, which resulted in the capitulation of Bulgaria on 30th September, 1918, and brought Turkey, Austria, and finally Germany herself tumbling down in ruins.

Janesh was a station on the railway line which ran from Salonica up to Doiran Lake, and then on to Constantinople. Probably at one time there had been quite a fair-sized village, but it had been wiped out during the Balkan War of 1912. Macedonia had been dotted over with these derelict villages, but nothing was then left to mark where many of them had stood, because the stones were taken from their ruined walls to metal the roads used by our army. All that remained of Janesh was one large farmhouse still intact, and an ornate Greek church with a belfry in ruins; in this church was held each Sunday morning an English Church service. In addition to being a dump for the Divisions operating on the Doiran front, Janesh soon became the site of numerous corps camps, including an aerodrome.

In this C.C.S. the medical officers lived in double-ply bell-tents; inside the curtain of each tent was a wall of sandbags three feet high, which made them really very comfortable. During the summer months we risked sleeping without mosquito-nets, as the hospital was situated on a slight hill, which the constant breeze seemed to keep free from these pests. In the winter we slept in our valises after putting on more clothes than we were accustomed to wear during the day, for the nights were so terribly cold that even water was frozen in the tents by

morning. A most irritating plague during the hot weather was the swarm of large flies that were everywhere; especially annoying were they during meals, when one had actually to knock them off each mouthful before swallowing.

Food occasionally was rather scarce, especially at those times when the submarines were having a bit of luck sinking our supply boats in the Mediterranean. Even tinned asparagus begins to lose its savour when one has it served more than once daily as the only vegetable. Bully beef and Maconochie make really good dishes, but much depends on the cook. Later on food became quite good and varied. The water supply was plentiful, and if found suspicious by our sanitary expert was chlorinated.

The scenery around was very wild and beautiful. To the north, and forming the boundary between Serbia and Macedonia, was a range of mountains from four to five thousand feet in height, the tops of which for the greater part of the year were covered with snow. In other directions were rugged and treeless hills.

A curious and interesting reason for this treeless state of Macedonia is supposed to be due to an old Turkish law which fixed the amount of taxes to be paid by landowners according to the number of trees they had growing on their land. To diminish the amount to be paid, the landowner simply cleared off all his trees, and thus brought the hillsides to their present state of barrenness.

We became in time quite accustomed to finding lizards, centipedes, tortoises, scorpions, snakes, streams of black and red ants, with many other forms of insect life, wandering among our tents and marquees. At night the croaking of innumerable frogs was continuous. No one who was on this front will soon forget the Vardar winds, which blew for at least seventy-two hours, very biting cold in winter and dust-laden in summer. They sprang up suddenly and as suddenly died down again. Loose articles or a badly put up tent with its contents were soon sent flying in a "dust devil."

From the hill on which our hospital was situated, a splendid view could be had of that stretch of the front line between Lake Doiran and the Vardar River, which was the Ypres salient of the Macedonian front, not because it was really a salient, but because of the bitter and heavy fighting that constantly raged along here, because of the heavy casualties, and because of the dominating enemy positions – the Grand Couronné, three thousand feet high, and the "Pip Ridge," which overlooked every movement that the British made from there right down to Salonica.

Samuel Robert Hunter

During a 'strafe' at night the scene was marvellous, the thunder of the big guns, the explosions of both our shells and those of the enemy, the continuous rattle of the rifles and machine-guns, the flashes of powerful searchlights and rockets of various colours, the whole scene lit brilliantly up at intervals by Very lights.

When reporting my arrival to the colonel in charge of the hospital, I was greatly astounded to hear another officer in the orderly room telling him in a very emphatic tone that what he wanted done must be done at once and that no one in that hospital had any right to interfere with his marquees. On turning round to leave, this dictatorial person bumped into me, and to our mutual surprise and pleasure we recognized each other as old fellow-students of Queen's. He was our good friend Captain Thomas Carnwath, sanitary expert for the Salonica Army and temporarily attached to the C.C.S. with his marquees, orderlies, motor-car, and a pile of baggage. Later on, in the hospital, Carnwath gave a series of very interesting and useful lectures on military sanitary science to the medical officers of the different battalions, who came down from the front in batches for a week at a time. Among these were several Ulstermen, including our good friend John Weir. The staff of the C.C.S. consisted of a lieutenant-colonel and six other medical officers, one of whom was a surgical expert. Later on an eye specialist arrived and also two dentists.

Attached to the hospital was a very clever bacteriologist, Cecil Clarke, from Bristol, with a well-fitted-out laboratory. Each medical officer had charge of five marquees, which held from fifty to a hundred stretcher-beds; in addition, four bell-tents for infectious cases were allotted to me. Very soon a wooden operating-theatre and a surgical ward had to be erected, as it was found impossible to operate with success in a marquee whose walls were flapping about and sending up clouds of dust. Although the hospital had been opened only a few days before our arrival, cases of sickness were flowing in rapidly. The daily admissions varied from 150 to 350, and included all sorts of maladies common to a warm climate, as well as many cases of the different varieties of wounds. These were sent to us by the field ambulances, one of which was brilliantly commanded by Lieutenant-Colonel Gerald Stevenson, D.S.O., a brother of Howard Stevenson of Belfast.

After being admitted, each case was put to bed, fed, and medically treated. The next day all those fit to travel were driven in ambulances to the railway station and forwarded to the base hospitals at

Salonica.

The two principal diseases at this time were malaria and dysentery. Malaria was a very deceptive disease, and so closely resembled many other diseases in its signs and symptoms that cases were constantly sent in labelled gastritis, jaundice, typhoid, paratyphoid, influenza, rheumatic fever, pneumonia, pleurisy, nephritis, sand-fly fever, cholera, and even tetanus; and from these it could be differentiated only by finding the parasite in the blood. Quite a number of sudden deaths for which no cause could be assigned, proved to be due to malaria (on post-mortem examination). Cerebral malaria, unless treated promptly and energetically, often proved quickly fatal, the patient passing from one convulsion to another almost like a case of status epilepticus. In these and other severe forms, quinine bihydrochloride in 10 gr. doses was given intravenously. At first it was thought necessary to give this dose in a large quantity of normal saline. This necessitated the opening of a vein through a skin incision and running the solution through a needle and tube, a troublesome and very slow operation under the conditions then prevailing. Later, when record syringes became available, the 10 gr. dose was simply and quickly given direct into a vein in 5 or 10 c.c. of saline.

In ordinary cases when there was much gastric disturbance, or where the drug appeared to be failing to act when given by the mouth, it was given intramuscularly into the buttock; but complaints soon started coming from the base hospitals that many of these cases were developing abscesses at the site of injection, and orders were issued that quinine was to be given this way only under special circumstances.

Personally I never saw an abscess from this cause, though some of my cases may later on have developed them. It was quite a common occurrence to get patients into hospital who had already been receiving, in their regiments or in the field ambulances, quinine in tabloid form by the mouth for several days without any effect on their temperatures; but after only one dose given in the hospital, either intramuscularly or intravenously, for their temperatures to drop and not to rise again. Of course these cases had to continue taking quinine by the mouth for some weeks afterwards.

The malaria was of the benign and the malignant tertian types. I saw only one case of the quartan, and that was in the following year in Baghdad: it was very mild. Malaria struck our men down like a scythe cutting grass. In the morning Tommy felt perhaps a bit seedy, and by the afternoon was lying on his back

Samuel Robert Hunter

in a high fever.

The summer of 1916 was particularly fierce in its heat, and after months of blazing sunshine and the arduous conditions under which the men were living, their vitality became lowered, with the result that in every battalion men went down by the hundreds; one battalion was actually reduced to one officer and nineteen men. During 1916 admissions into the hospitals at the base for malaria alone were 29,594, and the most of these were men from the front line. The next year this had risen to 63,396, and in 1918 to 67,039. During 1916 it was possible to evacuate freely patients from Salonica to Malta and to England, but by April, 1917, the submarine menace had compelled us to retain practically all these cases in Macedonia. To get rid of this terribly large accumulation of chronically ill and useless men in the hospitals at the base, a scheme was introduced by Sir Donald Ross known as the "V Scheme," under which thirty thousand chronic malarial patients were transferred to England during the ten months preceding the end of the war. Preventative measures against malaria were initiated in three directions:—

(1) To protect the healthy from being bitten by the mosquito by: (a) sleeping under nets, (b) by living in mosquito-proof huts and dug-outs, (c) by wearing special shorts, gloves, and head-nets, (d) by the use of ointments obnoxious to the mosquito, but even more obnoxious to the user.

(2) To abolish the mosquito as far as possible: (a) by getting rid of marshes and stagnant water in which the insect breeds, (b) by cutting down brushwood, scrub, long grass, etc., near camps, in which the mosquito rests by day.

(3) To cure or to get rid of the chronic malarial patient who is carrying the germs in his blood, and by whom only can the mosquito become infected. This was only possible towards the end of the war, as I have already related. Although these anti-mosquito measures were carried out on a vast scale and every known method of combating the breeding of the mosquitoes was adopted, it is now considered that the work was in a great part wasted because the area covered by the troops was far too large for them to be effective, the mosquito's range of flight being probably two or three miles instead of half a mile, as was then believed. These pests flew in from outside the cleared areas, and in some districts from within the enemies' lines, to the cleared areas full of troops and therefore centres of attraction.

DYSENTERY.

Dysentery was present all the time, but was most prevalent when the flies were most numerous: that

was in the early summer and in the late summer and early autumn. There are three methods by which bacillary dysentery is believed to have been spread:

(1) by carriers – especially those who had mucus in their stools,

(2) by infected drinking water,

(3) by flies.

Many of the milder cases were treated by the battalion medical officer, and did not reach us, but the severer cases running temperatures up to 104° required hospital treatment. The majority of the cases were of the bacillary type, with very few amoebic ones. This epidemic bacillary dysentery is caused by one or more of the bacilli constituting the dysentery group; the bacillus of Shiga and those of the Flexner type were the ones commonly met with.

Unfortunately at first the anti-dysenteric serum was not available, but as a rule many of these cases did very well on a mixture containing one drachm doses of mag. sulphate given every hour till the haemorrhage and the griping ceased. Practically all the medical officers in the hospital had good opportunities to test in their own person their favourite method of treatment, and we all finally agreed that nothing was so effective and so soothing as the treatment with mag. sulphate. The polyvalent anti-dysenteric serum is a specific for the bacillary type, and was given in 20 c.c. doses subcutaneously, and repeated every other day for three or four doses. For the amoebic type caused by the *entamoeba histolytica*, emetine hydrochloride in doses of two-thirds of a grain is the specific – in the bacillary type it is quite useless. As the amoebic type was rare in Macedonia, practically no cases of liver abscesses were seen; whereas the following year in Baghdad the opposite was the rule, many cases of liver abscesses being diagnosed and operated on. These two types of dysentery cannot be distinguished by clinical examination alone, although often in bacillary dysentery the onset is more acute and the pyrexia more marked. The stools were sent to the bacteriologist immediately after evacuation, and if no entamoebae were found, the serum was given without waiting for the result of the cultural investigation.

In addition to cases of malaria and dysentery, there were many patients suffering from para-typhoids A and B, at that time new diseases, and diagnosed only by blood-cultures and the agglutination tests. Some of the para. B had such profuse rashes that they were sent to us as doubtful measles or scarlatina, causing endless trouble, but the majority came labelled as P.U.O., malaria, or even dysentery. The para. B cases were much the

Samuel Robert Hunter

commoner, and as a rule did very well, the mortality being practically nil. The para. A occurred generally in men who had been in contact with units from India. The spread of these diseases was generally thought to be fly-borne. A useful help in making a diagnosis was the remarkably slow pulse compared with the rise of temperature; a pulse rate of 60 with temperature of 100° to 103° was quite the rule.

In this group, loss of appetite was generally present, in contrast to the malaria cases, where the patient frequently had a good one. Many cases were masked with jaundice. The impossibility of making a true diagnosis of the paratyphoids except by a bacteriological examination was well shown in a case which, after a positive blood culture, had been sent to the base labelled para. B. In a few days we were wired to have isolated all who had been in contact with it, as it had turned out to be typhus, although up to that time no case of that disease had to our knowledge passed through the hospital. Clarke, our bacteriologist, who had been medical officer with a Red Cross Detachment in the Balkan War of 1912, where typhus had been rampant, could not believe that his diagnosis was wrong, motored immediately to Salonica, where he was able to prove to those in charge and to his own great satisfaction that it really was para. B. and not typhus.

Late one night a man of the Royal Engineers was admitted to one of my marquees as a case of lumbago. The next morning numerous small papules were found on his forehead and wrists, resembling those seen in smallpox. My friend Cecil Clarke agreed with the diagnosis, and this proved to be the first case of smallpox seen in the Salonica Force, of which disease I believe there were only five cases altogether. Me and two nursing orderlies were immediately isolated some considerable distance from the hospital in two bell-tents. All the other contacts who had been in the marquee were isolated also. In a few days Corps Headquarters discovered that the Vardar breeze blew from the direction of this smallpox camp towards their quarters about one mile away, and orders were at once sent to have it shifted.

It finally settled down about a quarter of a mile away in the plain north of our hospital. Later on these two white tents standing by themselves must have proved a great cause of curiosity to the German airmen, because they seemed to reserve one or two bombs to drop on them when returning home from bombing over outlines. Fortunately they never in this case hit their target. The two orderlies, having little work to do, amused themselves by trapping hares and partridges and by digging deep holes in the ground

into which they and their patients disappeared whenever enemy planes were seen.

No wonder the patient on recovering from his severe attack of smallpox developed great cardiac weakness and for a time was waterlogged. He had been vaccinated as an infant, but had not been re-vaccinated on joining up. The appointment of public vaccinator naturally fell to my lot, and everyone, including the whole staff of our hospital, had to be vaccinated, unless they had been done recently. These vaccinations took well as a rule; most of the lymph was obtained from the French, but I am sorry to say many developed sore arms, as the men when vaccinated had to carry on their jobs just as usual.

Post-mortems were done on all who died in the C.C.S., sometimes with rather surprising results. As I mentioned earlier, many of the cases of sudden death were proved thus to be due to malaria.

A well developed sergeant-major whose illness was thought to be cerebro-spinal meningitis, died suddenly, and his body was sent to us for a post-mortem. Death in his case was found to have been caused by the rupture of a small aneurism in one of the arteries forming the circle of Willis at the base of the brain. A dysentery case on post-mortem showed a most remarkable colon – from the ileo-caecal valve to the anus it was so rigid, thickened, and dilated, that it resembled a large, thick, firm rubber tube. In it lay quite a number of tabloids, probably aspirins and quinines, exactly as swallowed, standing out white against the green-coloured bowel. This specimen Colonel Leonard S. Dudgeon, our consultant physician, sent home to the University College Museum, London.

There were several cases of relapsing fever, but these were all in natives of the country, several of them arriving at the hospital in wheelbarrows or on donkeys. They were treated with intravenous injections of kharsivan in 3 to 6 gr. doses; one dose as a rule was sufficient to terminate the disease within twelve hours. Also it was found that if the salvarsan were given in the apyrenial period, it usually prevented the occurrence of any relapse.

Like typhus, the infection is conveyed by lice. Until the parasite is discovered in the blood it is easily mistaken for typhoid, typhus, or cerebro-spinal fever.

In the air the Germans gave us a nasty and very unwelcome surprise. They had established in secrecy a squadron specially trained in formation bombing and equipped with fast and powerful modern machines. On Monday afternoon, 26th February, 1917, this squadron made its first appearance.

Samuel Robert Hunter

Twenty machines in "V" formation flying swiftly and beautifully down the valley of the Vardar surprised a French aerodrome at Gosgop. Twelve French machines were damaged or destroyed, a very serious loss on a front where replacements were so difficult. They next tackled Janesh, where they bombed the aerodrome and the other camps in close proximity to our hospital and the railway station. It was a terrifying sight to see and hear the bombs exploding in these camps; the aerodrome especially seemed to be one mass of red flames and black smoke. Fortunately our own machines managed to get into the air just before the bombing commenced, so that little material damage was done on this occasion, but there were twenty-eight casualties to the personnel.

The following afternoon, just at tea-time, we saw all our planes suddenly rising from the aerodrome, and the men at the railhead running from it as quickly as they could go; then in absolute silence except for the hum of the planes we saw again in fear and trembling the German bombers flying overhead, but this time they made towards Salonica, where they bombed the dumps, doing great material damage, and also Summerhill Camp, just outside Salonica, where they caused nearly three hundred casualties, chiefly among men who were on their way home on leave.

Our planes this time were ready for them on their return, and we saw some good fighting, but they managed to bring down only one German plane. Our hospital received its share of the bombs. The Germans later informed the authorities that the hospitals were not marked in any way to distinguish them from the other camps and dumps among which they were usually placed. No time was therefore lost before a large red cross, in a circle of white stones a hundred feet in diameter, was made on the top of the hill beside our hospital. Bombproof shelters were made for all the patients able to run into them, while the bed cases, on the alarm being sounded, were placed on the ground by quickly knocking the trestles from below their stretchers.

These bombing attacks were a frequent occurrence till the following May, when it was discovered that the enemy hangars at Hirdova had been dismantled and the German bombers were gone; but before they left they managed to set fire to a large dump of our ammunition at Karasuli, where it was said £2,000,000 worth of shells went popping off for a week. Later some of the raiding planes brought down in England were identified as our friends from the Doiran front.

An R.A.F. officer, Bamford by name, from Kilrea, County Derry, had a very narrow escape from death.

When flying he collided with another plane, which lost its propeller; however, its pilot by clever stalling managed to glide safely to earth. Bamford at twelve thousand feet found as a result of the collision that he had lost one wing off his plane, and that the tail along with the rudder had been broken off just a short distance behind his seat. The plane, completely out of control, with its engine roaring, began to fall in a spin. Suddenly he realized that his machine-gun was at the back of his head, and knew it would give him a nasty knock when he hit the ground; he had the presence of mind therefore to loosen it and let it fall overboard. This caused his plane to roll over on its back, and he finally crashed on his remaining wing. He escaped with only slight concussion and two lovely black eyes.

The same evening in hospital he was able to sit up in bed and enjoy a light dinner. After two days he was evacuated to the base, and while on his way to Egypt for a rest, his ship was unfortunately torpedoed and he was swimming about for an hour before being picked up. A few months later, after a short but very gallant fight against six opponents, he was sent spinning to earth, and later was reported by the enemy to be killed.

I have left out all about the fighting as probably not just the thing for this audience to-night, but perhaps you would allow me to give very briefly just one example of what it was like.

In February, 1917, the 10th Devons, a well trained battalion of real fighters, had a go at Petite Couronné, the strongest point in the enemy's main line of defence. The lower slopes of this hill, which was about nine hundred feet in height, were very steep, while the upper ones were covered with broad belts of wire. After an artillery preparation lasting two days, which resulted in the wire being considerably damaged, the battalion crossed the Jumeaux Ravine in two columns and managed to reach the summit. Fighting was very hot with bomb and bayonet, but, after holding on for some hours, our men were overwhelmed by large numbers of the enemy and had to retire. The casualties were very heavy – about one-quarter of the attacking force and a still higher proportion of the officers. Twenty-seven Bulgar prisoners were brought in, but a large number of others were so severely wounded that they could not be brought across the Jumeaux Ravine. In view of the steepness of the hillside and the depth of this ravine, a number of our men had been specially trained to carry wounded on their backs, if necessary strapped on with puttees. These men carried nothing but a long walking-stick and one extra pair of puttees. This method of evacuation proved very successful, as we had very few

Samuel Robert Hunter

missing in proportion to our casualties. The medical officer of the battalion, Hammond by name, was severely wounded, having both feet almost blown off. He was operated on in our hospital, but in a few days died of his wounds. He was awarded the D. S.O. for his gallantry and devotion to duty in evacuating a large number of wounded under the most difficult circumstances. Although severely wounded, he ordered his stretcher-bearers to carry away other wounded before removing him.

At the end of my year I returned home – with a feeling of regret, it is true, at having to leave a spot so full of interesting work and where certain important military operations were expected to commence at an early date. In a French liner, accompanied by an Italian one and escorted by three destroyers, we experienced a most peculiar voyage home. During the daylight this convoy lay in protected harbours in the Greek Islands, but as soon as it grew dark it left its anchorage and with all lights out scurried through the night to our next place of safety, till we finally reached Taranto, and then travelled home by rail via Rome and Paris.