The Short Life and Times of Assistant Surgeon Donald E White

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Introduction

In historical terms, Operation HERRICK in Afghanistan is the latest instalment of a British military presence on the North West Frontier of India over several centuries. In the century from 1840 in particular, the British periodically fought the Pathan tribesmen, from whom the Taliban descend, to no discernible effect. From the seventeenth century until Partition in 1947, troops and officers of the East India Company, and subsequently of the expeditionary British Army in India and of the native Indian Army crisscrossed the continent, and the rich legacy of Regimental History survives in the modern order of march of both the Indian and Pakistan Armies. The graveyards of India contain the bodies of generations of fallen soldiers and administrators, which testify to this history.

Figure 1. The Khyber Pass narrow point, 1988

The British Cemetery at Ali Masjid

In the autumn of 1988, I was privileged to travel up the Khyber Pass to the Afghan border (Figure 1). A slight detour off the narrow highway led to the Commonwealth War Graves Commission Cemetery of Ali Masjid, near the site of a small fort at the narrowest point in the Khyber Pass. The Cemetery is 10 miles to the East of Landi Kotal at the frontier between the Khyber Agency and Afghanistan and sits high in the dry, rocky and barren foothills of the Himalyas at an altitude of almost 1000 metres. At that time, the cemetery was overseen by an elderly Pathan tribesman. Some 80 years on from the laying down of the graves, it was in remarkably good condition for such an inaccessible and culturally hostile location. "*The cemetery wall, made of dressed stones, is still intact. The grave rows run parallel to the road. The first row starting from the farthest has eight graves whereas there is another grave also in line with this row but at a lower place. The second row has only two graves. The remaining space would have accommodated about 30 graves but thanks to the partition of 1947, the British left and the Afridi Muslims would not bury their dead in a Christian graveyard." [1]*

As a surgeon in training at that time, I was particularly moved to find the headstone of "EW White, Assistant Surgeon" (Figure 2). He was recorded as having been killed on 2nd October 1919 at the age of 37 during the 3rd Afghan War.

Figure 2: The grave of "EW White" in 1994 (www.Indian-cemeteries.org)

Death on the Frontier during the Third Afghan War

The Third Afghan War was fought across, and for, control of the North West Frontier between the Regular Afghan Army and the British Indian Army, between 6th May and 8th August 1919. It saw the repulse of an Afghan offensive and it secured the Durrand

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Line across the Frontier as the border between British India and an independent Afghanistan, and it also marked the first use of air power for tactical and strategic bombing on the Frontier, where biplanes of the RAF had a psychological impact which was disproportionate to their physical capabilities. However, thereafter, the tribes of the Frontier badlands became progressively assertive in a campaign of resistance to British Power which lasted until the end of the Raj in 1947.

Excerpts of Herbert Sidebotham's *New Statesman* article of 16 August 1919 are reproduced here as his observations of one of the leading military reporters of the day, resonate loudly nearly a century later [2].

" *. . . . the Third Afghan War . . . . has been one of the biggest and also one of the least creditable of our small wars, and it has caused the maximum of anxiety and annoyance to those who have had relatives engaged in it. It has been fought, in part at least, by Territorial troops who have felt in part their detention in India after the German war was over as a great personal injustice."*

"*We retaliated by aeroplane raids on Kabul and by the more legitimate use of our air power to bomb and disperse armed gatherings of Afghan troops. In June, an armistice was concluded, which has just been converted into a Treaty of Peace. By this Treaty, we withdraw from the Ameer the privilege of importing arms and cancel the subsidy, arrears and all, but about the future control of Afghan foreign policy nothing is said in the Treaty.... There are all the makings in the Treaty of a fourth Afghan war, unless a discussion in this country can put our policy towards Afghanistan on a new and better footing.*"

" . . . t*hey (the Afghans) penetrated the Khyber before we were ready to meet them; they out-manoeuvred us by their attack on the Kuram, and, in addition, it would appear that some of the hospital scandals of the Mesopotamian campaign were repeated in this war. There was the same breakdown of transport, with far less excuse; the same shortage of hospital equipment; and the same (in kind, if not in amount) preventable disease and suffering....*

"*As for our Frontier policy, it is quite evident that Afghanistan has outgrown the old restrictions. The Afghan is no longer the man who lives on quarrels and fighting. He is anxious to become civilised; he has strong democratic instincts, and he has the makings of a progressive country. There are 25,000 Afghans in Bombay alone, all behaving like decent members of society, and some of them making a good deal of money. The disloyal Postmaster at Peshawar was an Afghan; and, when they can be trusted, everyone who knows them recognises that there is good stuff in the nation. If there is this progressive spirit abroad, we can only make an enemy of it by maintaining the artificial restrictions of outlook that worked under Abdurrahman..."*

Initial efforts to trace a Dr EW White with military connections so soon after the First World War led down numerous interesting back alleys until I discovered the following information from Roy Hemington, Supervisor of Archives at the Commonwealth War Graves Commission:

"Donald Edward Everard White had Indian Nationality, and served in the rank of Surgeon (1st Class) within the Indian Subordinate Medical Department, on attachment to the 4th Brit. Stat. Hospital. He was the son of the late Donald McGregor White and Harlnah Everard White; and husband of May Florence White, of 132, Church Rd., Ferozepore (which was a garrison town in the north east Punjab, near Amritsar and very close to the modern Pakistani border). His death is also recorded on Face 13 of the Delhi Memorial (India Gate)" (Figure 3).

Figure 3. The India Gate Memorial to the war dead of British India

The Assistant Surgeon in India

Enquiries as to why Donald White did not show up in British Medical records, despite his apparent origins yielded considerable information about the role and status of Assistant Surgeons, which is of interest. In British India, health professionals often pursued the career of an Apothecary, which combined the role of pharmacist with many other health care duties. The title of Apothecary was changed to that of Assistant Surgeon in 1894. Assistant Surgeons were usually employed as military doctors, although they were also known to have been posted to civilian hospitals and prisons, and to an extent appear to have functioned as general medical practitioners. The title of Surgeon was sometimes used interchangeably with that of Medical Officer [3,4].

An added complexity in understanding the status of Assistant Surgeons relates to the structure of the medical profession in India at that time. The senior service was the Indian Medical Service (IMS) which used the title of Assistant Surgeon until 1873. The IMS consisted of medical practitioners with advanced qualifications in medicine, surgery, hygiene, and dentistry and who had completed their military obligation of service and gone onto the reserve. They were usually administrative medical and health officers, or academic instructors in the medical institutes in India, and were liable for call up in time of war [5].

The Indian Subordinate Medical Department (ISMD) employed Assistant Surgeons from 1894 onwards. Other doctors served directly with the medical services of various Presidencies, such as in Bombay, Madras and Bengal; yet others served directly with the Royal Army Medical Corps on secondment and posting to units in India.

Assistant Surgeons were not listed in *Crawford's Roll of the Indian Medical Service 1614-1930,* the "Who's Who" of the Indian Medical Establishment, other than for some early entries relating to the Madras Presidency. Medical personnel who were appointed to the IMS were almost always educated in the UK, even if they who were born in India and they always held higher medical ranking. Conversely, however brilliant, the Indian born and educated men who were trained in India provided service in the ISMD on lower pay scales.

Assistant Surgeons were thus recruited primarily from the Anglo-Indian and domiciled European community and underwent a five year training in Medical Colleges such as those in Madras and Calcutta. It is now clear that Donald White fell into this category. ISMD medical personnel were recruited for service with the British Army and for work within British Military Hospitals. The term "Subordinate" reportedly caused progressive resentment, as did various matters relating to pay and conditions in the ISMD, and it was dropped in 1919 [3]. The Indian Medical Department was finally amalgamated with the IMS and the Indian Hospital Corps in 1943, to form the Indian Army Medical Corps, which in turn was modelled closely on the RAMC.

Military Hospitals in British India

Having tracked Donald White to an attachment to the Fourth British Station Hospital in India, I then sought to discover more about the organisation of military hospitals in India at that time, and about the "4th Brit Stat Hosp" in particular [5]. Up until WW1 medical and nursing staff were only posted to the Indian sub-continent attached to specific Regiments. Their widespread arrival during the Great War, and remaining thereafter, greatly improved the medical facilities available to the Army in India, and to the British Army Regiments serving there, as the Regimental Hospital system in India had staggered on until that point, with facilities entirely at the whim of the unit commanding officer. There were no funds for specially built hospitals, and all buildings used as such were improvised. Major Ronald Ross of the Indian Medical Service (who discovered the parasite of malaria in the female mosquito), and others serving in regiments alongside Indians, drove the creation of the first station hospitals in the late 1880s, aided by a campaign in the British Medical Journal and The Lancet.

Indian troops had no station hospital facilities until these were sanctioned in October 1918 and had to depend entirely on their regimental hospitals. Ward orderlies and followers came from Army Hospital Corps and bearers were provided by the Army Bearer Corps; after 1919, these became Indian Military Hospitals [6]. The Indian Hospital Corps (IHC) was initially divided into 10 Division Companies corresponding to the 10 existing Military Divisions in India and Burma. It was re-organised on command basis during 1929-32 into five companies of the IHC in 1932, No 1 Company at Rawalpindi, No 2 Company at Lucknow, No 3 Company at Poona. No 4 Company at Quetta and No 5 Company at Rangoon.

The British Medical Journal of 8th February 1919 sets out in great detail on pages 173 and 174 the terms of formation and staffing of the Station Hospitals for Indian Troops, but does not specify their locations or military designations.

By 1935 there were 81 such hospitals for Indian troops, and 18 Indian Wings of British Military Hospitals; some were quite large establishments, but were mostly under 100 beds. They all had trained staffs, modern equipment (for the time), and well ventilated accommodation. Many are still extant today.

As to the 4th British Station Hospital, research has drawn a virtual blank, other than for a record of the death (13) of Gunner Harry Talbot, Royal Artillery, whose grave at Quetta records: "4th Ammunition Column, RFA. No. 174926 Gunner Harry Talbot. Died at British General Hospital, Quetta 7 August 1919. Aged 26 years 4 months". It seems quite possible that the Quetta Hospital and 4th British Station Hospital were synonymous.

Summary

A chance encounter with a gravestone in a British military cemetery has revealed a history of military medical service of enormous interest and no little contemporary relevance.

Author's Footnote

A fuller version of this historical research on both Donald EE White and the Frontier Medical Services in general is available from the author who would welcome any correspondence or information on the subject matter which is not already in the public domain.

References

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